



RESTORING THE ART OF HEALING

Vitor Pordeus MD

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In a scientific age

by

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Restoring the Art of Healing

Biology of Cognition, Cultural Psychiatry and Theater as Public Policy of Mental Health Promotion.

by Vitor Pordeus MD, Founder

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FOREWORD by Nelson M. Vaz MD, PhD

Who is he, what is Vitor Pordeus? An incendiary, a prophet, a clown, an actor, a declamator, a Brazilian psychiatrist born in the suburb of Realengo in the city of the wonderful southern zone, Rio de Janeiro, Brazil. Founder of the Madness Hotel. Lover of Nise da Silveira and Baruch Spinoza. Vitor is one of these rare people who is very known by very few people, is very successful among them, but is avoided by those who do not know him. Some are enchanted by him, some frighten. Free, he suffers the tortures of freedom, indecision from where to go, what improvise now.

I did not mention on purpose that Vitor is an immunologist, because he is not, although he knows the history of immunology and his techniques very closely. The beginner immunologists are surprised by him, the famous ones find him ridiculous. As they say, Vitor is ahead of his time and immunology is a science deeply rooted in the past; their basic ideas - vaccines, antibodies, allergies - were created at the turn of the nineteenth century to twenty; are obsolete. The dominant theory in immunology was created in 1959 and is hegemonic until today, although everything has changed around it. How is this possible? Exactly because everything has changed, the new immune theory will have to account for all of this and no one has dared to date. Except Vitor. It's explained why they do not listen to him. They literally do not listen. If they listened, they might understand. Maybe not.

With this collection of texts, Vitor closes his stay in Montreal, Canada, where in addition to the cold and improper darkness for a tropical being like him, he faced other demons. He installed an affiliate of his Madness Hotel. The reading of what is recorded here, at best, is like a trip to the immediate future; at worst, is an academic thesis. Good luck my friend; my musketeer. Good luck.

Nelson Monteiro Vaz, Belo Horizonte, Brazil, Feb 16th 2018

Professor Emeritus of Immunology, Minas Gerais Federal University, Belo Horizonte &
Member of the Brazilian Academy of Science, Brazil

PROPOSITION FOR A PREFACE (or part of a preface)

Conflict is good. At times, performers want to do everything by themselves. On stage, in a studio, but they wind up with spineless productions, plays, records. Why? Because they lack these edges that confrontation brings.

Vitor Pordeus is a Brazilian, dipped in his cultural traditions, rituals and expressive art forms. He is also an international performer of healing practices or is it theater practices. Anyway, in any instance, patients-performers have much to say.

Patients must conflict with their conditions, to better transform disabilities into allies, to better antagonize biased scientific assumptions that may stand way beside their real interests. Giving patients decision over action, not just be alibis for some anti-institutional rebellion.

Healers then have to jump out of their tight superman/superwoman suits and land amidst patients and healers as performers - why not at the occasion of ritualistic revivals? Taking risks, taking a distance from the apparent security of pan-scientific patterns, at times just nasty professional mannerisms.

Vitor Pordeus traveled through immunology, while, like some manic street performer, trying to finagle junctions between such science and mental health. Links? Bridges? Platforms? Too complicated to treat with theories, let's move to action and performance.

Is this innovating? Traditional practices and the essence of performance have always been. Maybe not innovating then, but daring, yes. Institutions have their dynamic, justifications, policies. Not always the right setting for patients and healers, especially as pathologies cannot always be clearly evidenced - as we can see in our cultural psychiatry practices.

The young Pordeus ages back in time to dig out rituals where he takes his patients-actors in search for identity and explanations – transforming healing traditions into traditional healing. The old me has been flirting with new technologies, performing both as patient and healer on the stage of robotic surgery, loitering in the labyrinth of imaging developments.

Conflicts? Yes, of course but how good these are. Even with the bruises – research is a warrior's path. We look for crossroads. We find them. And if we don't, we invent crossroads.

Geneva, April 16th 2018,

Jacques Arpin, MD, FMH.

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PART I

Chapter 1: Can Biology Help Us to Understand Psychopathology?

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Can Biology help us Understand psychopathology? I believe it can. We presently face a historical moment of mental health crisis worldwide, with reflections both in science and politics. It is a clear that the current paradigm of modern biology, namely Neo-Darwinism and its application to Medicine and public health, show alarming signs of exhaustion and iatrogenic damage to humans and to planetary ecology. In no other field this contradiction becomes so blatant as in public mental health. We are witnessing the growing of a pandemic of mental illness that the scientific system itself helps to construct and is unable to manage. The excessive, widespread, worldwide use of psychotropic medication, the alarming reports of severe iatrogenic side effects; the growing levels of violence, genocide; wars emerging in every corner of the planet, are telling us that our understanding of the world, including its dominant scientific biomedical model is blatantly wrong. Our “scientific” understanding of reality that decisively inform government actions that ultimately induces the population to act with violence and rupture of important biological relationships from which our existence depends. Grossly unnoticed, a new biological paradigm has been proposed and developed in the last decades. This is evident in experimental phenomena observed in practically all fields of biology and medicine, especially, when they show the socio-economic determination of mental health, and major impacts of environmental health, education and level of income. Herein, I present a comprehensive model of human biology and psychopathology rooted in the pioneering scientific works of several important contemporary scientists and therapists such as: the Chilean neurobiologist Humberto Maturana; the psychiatrist and ecological thinker Carl Jung, illustrated

by recent scientific experiments of the American psychiatrist John Weir Perry and the Brazilian woman psychiatrist Nise da Silveira, in the promotion of mental health. I also shortly describe our own documented and published experience in mental health promotion working under this new paradigm, in order to make sense of our current apparent contradictions, and heal our ideas and practices.

Keywords: *Biology, Mental Health; Evolutionary Theory, Epigenetics; Psychopathology; Psychiatry; Psychology; Transcultural Psychiatry; Mental Health Promotion; Theatre and Arts; Public Policy; Culture and Health; Socio-Economic Determinants of Mental Health; Carl Jung; Humberto Maturana; Nise Da Silveira; John Weir Perry*

“Mental Diseases are diseases of the brain” was the axiom, and told one just nothing at all. Within my first months at the Clinic, I realized that the thing I lacked was a real psychopathology, a science that showed what was happening in the mind during a psychosis. I could never be satisfied with the idea that all that the patients produced, specially the schizophrenics, was non-sense and chaotic gibberish.”

Carl Jung - The Self in the Psychotic Process by John Weir Perry, preface, 1953 [1].

Introduction

How does human mind work? What is the psyche? That seems to be the greatest questions of our time, particularly, if we put into perspective the current mental diseases pandemics we are facing, with rising levels of violence, wars, suicides, homicides and several psychiatric syndromes that persist and increase despite of the growing and widespread use of psychotropic medications. This should raise the reflection that there's something out of place in our current science and medicine. There are disturbing evidences that mental health is actually in decline in the last 20 years worldwide. Out of a global population of seven billion inhabitants, 450 million people are estimated to be currently affected by a mental or behavioral disorder [2], with 100 million of them taking psychotropic drugs [3,4]. In USA, suicide rates per 100,000

people have increased to a 30-year high. Substance abuse, particularly of opiates, has become epidemic [5]. In economically exploited countries like Brazil, where social welfare and democracy are still distant political realities due to historical unconscious traumas of colonization, frightening and rising numbers of homicides (59,627 in 2014) remind us that violent unconscious behaviours are part and priority of this same global crisis we are all facing [6]. In parallel, another line of evidence well established is the so called 'socio-economic determinants of mental health', a World Health Organization report published in 2014 demonstrates systematically how economically vulnerable populations have lower levels of mental health, with more mental diseases like depression and anxiety [7]. Costello has published in 2003 how an income supplement intervention changed the occurrence of psychiatric symptoms in poor children in North Carolina, USA [8].

We live in a capitalist world

Of course also we must take into account the economic constraints that produce the current international mental health policies, with the growing profits and disease mongering of Big Pharma worldwide arresting the process of scientific evolution of psychiatry, as so clearly puts Nise da Silveira (1905-1999), the great revolutionary woman scientist of Brazilian psychiatry in the XX century:

"The madness industry is a profitable application of capital, the powerful drug multinationals demonstrate it well". "What matters, therefore, is the profit provided by the individual admitted or readmitted. As more hospitalizations happen, the better". "Even public hospitals in poor countries allocate much of their precarious funds to the purchase of neuroleptics, which are given in excessive doses most of the time" (Nise da Silveira, 1992, *O mundo das imagens*, p.14).

Working in Brazilian psychiatric hospitals where corruption in the public sector and bad management show us of the socio-economic determinants of health in its most dramatic pictures:

"Dr. Luiz Cerqueira writes: "If drugs, shocks, and lobotomies really healed, madness would have been eradicated from the face of the Earth. What is happening among us is that, despite

psychotropic drugs, more and more patients are hospitalized and re-hospitalized in psychiatric hospitals “ (Nise da Silveira O Mundo das Imagens, pag. 12 e 13, 1992).

The New Zealander author Bruce Cohen just published an impressive book entitled: “Hegemonic Psychiatry: a Marxist theory of mental illness” where he extensively discusses the economic and political contradictions of the international mental health policy” (Cohen 2016).

We must face the crisis of the practiced scientific model and its methods, a necessary step towards a more rational explanation of mental health and psychiatry:

“The crisis of current psychiatry reveals, evidently, the inadequacy of the psychiatric hospital and its actual therapeutic methods” [9].

Looking for biology

The key debate in current psychopathology, and medical biology, relies on genetic determinism and evolution by natural selection theories. The hegemonic biomedical thought that still prevails is the vision that genes and DNA are the centre of the organism, to put it simply, “we are our genes”, we are governed by selfish genes that drive our struggle for survival and therefore, propagation of our genetic material [10]. In this theoretical frame, genetically determined organisms are originated and evolve as species (phylogenesis) and individually (ontogenesis) by means of natural selection in according to Darwinian evolutionary theory originally published in 1859, and later reformulated and added with the concepts of genetic inheritance in the first half of the XX century [11].

Genes and Competition

This was known as “Neo-Darwinism” and still is the hegemonic paradigm in international biomedicine. It is important to note that this theory served as inspiration for more aggressive politics and pseudo-scientific theories like eugenics and socio-Darwinism, known to be conceptual basis for the Nazi holocaust in World War II and many of “survival of the fittest” politics such as wars and ethnic genocides. This is the old concept that you have to annihilate the

inferior, the enemy, the abnormal fated to oblivion in biological evolution throughout history. Regarding our contemporary world it is correct to say that we rejected Nazi imperialistic politics and humanitarian crimes but we didn't reject its conceptual and scientific basis such as Neo-Darwinism [12].

Proposals of new biological theories

Critical biologists have been arguing in the last few decades that this manner of explaining biological evolution and development is at least incomplete, not to say wrong [11,13-15]. Pioneers like the Nobel Prize winner Barbara McClintock [16] and the biologist Conrad Waddington (Waddington *The Epygenome* 1942) have pointed as early as the 1940's that genes are not so determinant in biological evolution and development. Further, the term epigenetics was coined by Waddington referring to the fact that developmental embryologic process could not be properly described by the idea of gene determinism [17,18]. In one of new synthesis published more recently, it has been proposed that the process of biological evolution occurs in four intermingled dimensions: genetic, epigenetic, behavioural and symbolic [14]. The great intellectual and anthropologist of psychology Gregory Bateson has made significant contributions to psychiatry and psychology precisely because he was able to perceive the lack of true biological knowledge in medical models, and elaborated theories on the pathophysiology of schizophrenia and alcoholism because he could relate those phenomena in a wider, more ecological and biological perspectives, this is synthesized by his books' titles: "Steps to an ecology of mind" and "mind and nature: a necessary unity" [19,20].

Quoting Bateson from *Mind and Nature*:

"If you want to understand mental process, look to biological evolution and conversely, if you want to understand biological evolution, go look to mental process." [20] (Bateson G. *Mind and Nature*, appendix, 1977).

Understanding biology?

Therefore, when we are inquiring about the nature of psychopathological process, in fact, we are raising questions about human biology. In a sense, without a proper understanding of the human organism and biological systems in general it will be very difficult to produce a theory rooted in living and healthy mechanisms to explain psychophysiology and psychopathology.

Or as put recently by Maturana in a reflection about ‘understanding social systems’: “What aspects of our daily living do we want to evoke when we use the word ‘social’ or speak of ‘social systems’ and about which we may wish to expand our understanding by asking are social systems autopoietic systems?” [21]. Throughout his lifework Maturana stated the necessity of comprehending the basic mechanisms of living systems to describe them properly, and finally be able to describe mechanisms related to, for instance, psychopathology. It is a biological challenge.

Perception and Illusion

“We human beings, as all living systems do, live as valid whatever experience that we live in the moment that we live it, and act accordingly: our living follows the path that arises with what we live as valid. At the same time, we human beings (as all living systems do in the flow of their living) do not know whether an experience that we live as valid in the moment that we live is one that we shall continue to accept as valid in relation to further experiences we choose not doubt; we do not know whether we shall validate the first experience as a perception or invalidate it as a mistake-illusion, according to whether we think that the second experience confirms or contradicts it. That is we do not know in the moment that we experience something whether we are experiencing a perception or an illusion, according to whether we think that the second experience confirms or contradicts it. And this is not a limitation or a failure of the operation of our nervous system, and this does not mean that we, living beings are fallible, but it is our condition of biological existence as structure- determined systems; instruments are the same” [21].

This comprehension about our own perception will help us to glimpse that biological descriptions should take the great care of not attributing cognitive properties, names, that are

creation of human imagination and language, into biological behaviour, into biological performance, that should be regarded by a systemic-historic approach that is precisely what Maturana describes succinctly but densely in his typical circular mode of discourse:

“I act under the understanding that whenever we make a distinction what appears in our living is an operational entity together with its domain of existence as a totality that arises as an operational-conceptual abstraction of what is happening in our living with features specified by what we do as we distinguish what we distinguish, and not as some pre-existing entity with features that are not determined by what we do in our distinction of it” [21].

Immersed in subjective life

That is, reality is not a pre-existing entity; we are immersed in our subjective life, creating names, making distinctions, literally creating and recreating our mode of life and culture. So, the act of giving a psychiatric diagnosis changes the life and reality of human beings and its societies. A proper description of mental health and psychopathology must take that into account to minimize the dangers and properly inform public policies and individuals. He continues the proposal:

“As we human beings live our daily living in the coherences that arise as we do what we do as biological beings, we trust the domains of sensory, operational and relational coherences that arise with our distinction to be aspects of the realization of our living. And we do so reflecting on them and correcting our errors or mistakes as we find them as we live our living as languaging beings. As we live in this manner, we put names to what we distinguish but since we do not distinguish independent entities, but distinguish sensory-effectors configurations in our living, what we name are sensory effectors configurations that pertain to the coherences of our living.”

Coherence of our daily living

Accordingly, what we call psychopathology, or psychiatry, or mental health is necessarily an aspect of the coherences of our daily living. Therefore when we want to understand the system that we call “psychiatric diseases” what we want to do is to abstract the configuration of sensory-operational-relational coherences of our daily living that we wish to evoke under that name, not something alien to our daily life that we may define in some arbitrary way [21].

He goes even further when he reveals the origin of his biological theory on neuroscience, his experimental and phenomenological starting point back in the 1950’s, from experiments with the neurobiology of colour perception in birds, Maturana and later Francisco Varela will formulate the “autopoietic theory” (When I say that living systems are molecular autopoietic systems, I am not making a definition. Rather, I am making an abstraction of the configuration of the processes that constitute living systems as autonomous molecular systems that exist as discrete sensory-operational-relational entities in integration with their ecological niche as this arises with them” [21]) that evolved into more general biological theory, namely development and evolution, Evo-Devo [15, 22].

Configurations of configurations

“Our nervous system operates abstracting configurations of relations and configurations of configurations of relations of sensory- operational-relational coherences that happen in the realization of our living in our sensory-operational-surfaces” [21].

Thus, if we are seeking to explain mental health, it can be put as follows: what configuration of sensory-operational-relational coherences am I abstracting when I name “mental health” to some particular aspect of the realization of my relational living? We must understand the mechanisms of the living process if we want to make sense of biological systems, specially, the human living, ago a particular mode of existence that has such a relation with language, that Maturana formulated the term “languageing beings”. We humans were created through language, we exist inside language in a cooperative mode of living that started at least three million years ago with our hominid ancestors.

The expression “mental illness” arises historically in the course of conversations about our human relational living, in an attempt to visualize some regularities that occurred in it, thinking that if we could grasp them we would be able to solve some difficulties that we were encountering in our living together, thinking that we could do so through formalizing them with some adequate theory that we would invent. However, to do that, we have to abstract those regularities in our living together first; we must respect ourselves accepting that naming is not a trivial aspect of what we do in our living: names have arisen in our history of living together as operational elements of coordination of our doings, and reveal regularities in that living.

In this epistemological perspective, If I want to understand how we do what we do I would begin by asking: “What configurations of sensory-operational-relations are realized and conserved in that aspect of the flow of our living that we call human relations, and that prompt us to speak of mental health when we see them occurring in some community of living beings?”

Biomedical revolution

This synthesis that Maturana and collaborators propose was known as “Biology of Cognition and Language” and has generated impact in such a wide range of disciplinary fields, from immunology and medicine [23-25], to bioethics [26] and language sciences [27]. We believe his theoretical approach is an advance in the understanding of general and human biology since it offers clear concepts about the organization of living systems, a more rational vision on the neurobiological activity, a more coherent model of perception and cognition. With these basic concepts at hand we may evolve to other issues in biology and medicine.

Evolutionary theory synthesis

Maturana and Mpodozis have published a central contribution for biological theory in 1992: “The origin of species by means of natural drift”. It is a new evolutionary synthesis that displaces the widely accepted mechanisms of “natural selection” and “genetic determinism” by those of “natural drift”, “epigenetics” and “structural determinism”. A proper explanation of these concepts can be found in the paper whose English version was published in 2000 [15]. This

formalizes a paradigmatic change in the evolutionary theory and reinforces the emergence of the ecological-developmental-evolutionary perspective of living systems.

Palaeolithic history of human communities

One of the key consequences of a wider biological and medical theory is the broader understanding of paleo-anthropologic fossil evidence that documented our earliest hominid ancestors, dating from around three million years in African savannah due to the extinction of part of the tropical forest due to climate changes. These co-evolutionary drifts originated our ancestors.

In the 1969 Pulitzer Prize winning book ‘So human an animal’, the great scientist René Dubos, points to the need of looking into human history as a way to envision our physiological mode of living. Human species were formed throughout the last three million years, most of the Palaeolithic period when we descended from primate ancestors common to chimpanzees, gorillas and orangutans from the forest to bipedal, savannah walking hominids. This period of the last three million years is of critical importance for understanding human biology, its habits, diets and cultures, and therefore, its psychic activity [28]. Maturana, too, reached the same concepts by other approaches:

“We, human beings, were originated in the history of bipedal primates to which we belong, at least, for the last three million years with the origin of language and the living in the entanglement of the “linguaging” and emotions that we call conversations” [29].

The comprehension of our species history in a more ecological, cooperative, interdependent biology, may allow us to see the mode of living that we developed in small collectives, hunting and gathering food from the ground and from the forest, having to unite and cooperate intensely to survive in the eventually dangerous natural landscape. Having this biological framework in mind, we may evolve to restore the history of humankind and its biological ancestors. Different authors point interesting theories about the ritual origins of humanness, the beginnings of “linguaging” in Palaeolithic period.

Rituals: Image and Action

Primatologist Jane Goodall wrote the following remarkable report about a collective ritual of a chimpanzee group she observed:

“At about noon the first heavy drops of rain began to fall. The chimpanzees climbed out of the tree and one after the other plodded up the steep grassy slope towards the open ridge at the top. There were seven adult male in the group... several females, and a few youngsters. As they reached the ridge the chimpanzees paused. At that moment the storm broke. The rain was torrential, and the sudden clap of thunder, right overhead, made me jump. As if this were a signal, one of the big males stood upright and as he swayed and swaggered rhythmically from foot to foot I could just hear the rising crescendo of his pant-hoots above the beating of the rain. Then he charged flat- out down the slope towards the trees he had just left. He ran some thirty yards, and then, swinging round the trunk of a small tree to break his headlong rush, leaped into the low branches and sat motionless.

Almost at once two other males charged after him. One broke off to a low branch from a tree as he ran and brandished it in the air before hurling it ahead of him. The other, as he reached the end of his run, stood upright and rhythmically swayed the branches of a tree back and forth before seizing, and continued down the slope a huge branch and dragging it farther down the slope. A fourth male, as he too charged, leaped into a tree and, almost without breaking his speed, tore off a large branch, leaped with it to the ground, and continued down the slope. As the last two males called and charged down, so the one who had started the whole performance climbed from his tree and began plodding up the slope again. The others, who had also climbed the bottom of the slope, followed suit. When they reached the ridge, they started charging down all over again, one after the other, with equal vigor.

The female and youngsters had climbed into trees near the top of the ridges as soon as the displays had begun, there they remained watching throughout the whole performance. As the males charged down and plodded back up, so the rain fell harder, jagged forks or brilliant flares of lightning lit in the leaden sky, and the crashing of the thunder seemed to shake the very mountains.

My enthusiasm was not merely scientific as I watched, enthralled, from my grandstand seat on the opposite side of the narrow ravine, sheltering under a plastic sheet... I could only watch, and marvel at the magnificence of those splendid creatures. With a display of strength and vigor such as this, primitive man himself might have challenged the elements” [30].

In the last million years, our ancestors organized in small groups of naked big monkeys, dominated the fire, danced, communicated through mimics, voice sounds, developed rhythmic voicing and gestures, started to develop and conserve rituals, like so many animals do, but we have evolved those rituals to symbols, images, representations, abstractions, language, religions, mythologies, cultures, narratives and dreams of reason [31]. Doctor Nise da Silveira remarks this important phase of our human history and evolution of our mental processes: “The first forms of rituals consisted of dances. The gestures, rhythmic movements constitute a language that stems from the most profound unconscious and precedes the word as a mean of communication. By means of dance, humans reacts to the exterior world, tries to apprehend their phenomena, simultaneously, putting him into contact with the deepest of his being. Rhythmic movements allow creating and integrating the representations originated in dreams and imaginations. In its dynamism, archaic images manifest itself adequately through the oldest forms of expression, which are gesture and dance” [9 p.98].

From our historical biological evolution, and all that has been debated in this article, we must confer to subjectivity, cultural and symbolic practices, ritual performances and collective organization a central importance in our nature and mode of living. Understanding that we are not machines originated from nowhere, that our individual, collective and symbolic organizations have a long history, the history of life on earth, even the known history of cosmos.

The works of psychiatrists like Carl Jung, Nise da Silveira and John Perry assume a very interesting perspective on human psychic activity, placing in mythology and early human rituals a priming role in our development. Perry proposes the term Affect-Images, to explain the analytical psychology concept of ‘archetype’, that are primordial images that were formed

through ritual dramas in the origins of humankind and were conserved through emotions, gestures, representations; later stories, narratives, cultural and social systems. As Perry puts so well in his classics on the study of the meaning of psychotic processes, 'The Far Side of Madness' published in 1974 and 'Roots of Renewal in Myth and Madness' in 1976 - The Meaning in Psychotic Episodes [32,33].

Ritual Drama of Renewal

"The inner world of the psychotic does not look like the one we know outwardly, but it is recognizable as a view of the cosmos familiar in myth and ritual forms since ancient times" [32 p.9].

In this perspective rituality acquires a central value for mental health, because:

"At the end of the last century, Robinson Smith, in his studies of the culture of the Semites, was the first to make the observation that not only did myth and ritual belong together but in all probability ritual was primary. He found ritual to be more conservative, stable phenomenon, while myth tended over generations to be modified and altered, finally becoming rather free literary expression" [33 p.79].

He explains the vital functions of ritual for human nature with brilliance:

"Two features attest to the importance of any myth for the culture that produced it. The great ritual drama to which the myth belongs is staged for the participation of the entire corporate body of the community. Also, the proper accomplishment of the drama is considered necessary to the proper functioning of the community and of nature" [33 p.80].

This comprehension opens the way to observe the ritual imagery that forms our psyche, our visions of the world, our collective organization and cultural manifestations, our very own mode of living and mode of relating to us and to the other. Therefore, it is of vital importance for human healthy affective and cognitive development.

The World of the Images of the Unconscious

Da Silveira's pioneer and systematic experience resulted in the Museum of Images of the Unconscious, founded in 1946, the largest museum in the world dedicated to art and madness, today with a technical archive of more than 350 thousand artworks in more than 70 years of continuous work, applying the method acquired in her studies with Dr. Carl Jung in his institute in Zurich. In her first letter to him in 1952, him, she reported that in a atelier in a suburban psychiatric hospital, patients painted with complete freedom, without direction and she could observe the appearance of structured symbols in chronic psychotic and schizophrenic patients of low socioeconomic status, very severe diseases. He replied the letter inviting her to work in the Jung Institute of Zurich. Later, Da Silveira will clearly state that painting occurred through improvisation, she later will cite Kandinsky to explain the formation of the unconscious images, "impressions of inner nature", "improvisations" [34, p.35].

John Weir Perry reached the same conclusions regarding the origins of the unconscious Affect-Images in the depths of history, comparing them to organs with evolutionary history throughout the generations:

"For the psyche is an organism in process of growth, the primordial images show themselves to be organs that operate to carry this out just as those of the plant or body do; they apparently represent entities as existent in themselves as the heart or the liver, and as interdependent" [1 p.5].

Constructivist Psychiatry

Evolutionary history of psyche

This evolutionary perspective applied to psychology and psychiatry certainly will offer a more scientific and practical explanation about psychopathology and psychiatric syndromes. As the Jungian American psychiatrist John Weir Perry puts:

“In respect to the physiological and biochemical elements in the schizophrenic syndrome, I do not mention them in this study because I take them for granted. I adhere to the holistic view of the human organism that would see all processes both psychic and somatic as being absolutely interwoven. I see the organism acting as a whole and am not inclined to see any question of primacy if either the psyche or the soma over the other in the causality of schizophrenia. Especially in respect to the emotions this is true, for in an emotion or its disturbance the psychic, the neurophysiological, and the endocrine and other chemical elements are all bound together in a one single phenomenon” [32 page 3-4].

Jung himself has approached the subject quite clearly as early as 1908:

“The ancient clinicians concentrated their attention in the psychological motive of mental disease, just like lay people still do due to a true instinct. We tried through this way, most carefully, the earlier history of the patient. This is a rewarding work, for we frequently found, for our surprise, that mental disease erupts in a moment of great emotion aroused by, let’s say, normal reasons. Furthermore, that in the origin of mental disease several symptoms appeared that could by any means be comprehended from an anatomical point of view. Nevertheless, these very same symptoms became immediately comprehensible when considered regarding the earlier individual history. In this sense, the fundamental investigations of Freud about the psychology of hysteria and of dreams gave us the greatest stimulus and support for our own work” [36 p. 182-183, paragraph 333].

Constructive method and subjectivity

In psychiatry, the comprehension of this biological theory may help us to adopt more constructivist methods in approaching the patients, particularly those whose rational language is very compromised, with great amount of introspection, such as schizophrenics and chronic psychotic patients and the sensitivity of clinical observation and comprehension of the psychopathological process must necessarily go deeper than stereotyped nosological classifications and automatic therapeutic schemes:

“There exists another mode of understanding that is not of analytical-reductive nature, but symbolic or constructive. I call this kind of comprehension a “prospective comprehension” and the method that corresponds to it is the constructive method” [36, page 202 paragraph 391].

If perception, as demonstrated above, is indistinguishable from illusion, and subjectivity, images, histories and ancestral biological evolution play a central role in mental health and human development and can't be treated as secondary or undesirable phenomena by mental health professionals, the concern about the meaning of human existence and about a healthy cultural mode of living should occupy a fundamental place in the challenge of understanding mental health.

“If we intend to know more profoundly the psychological question, we must have in mind that every knowledge, in ultimate analysis, is conditioned by subjectivity” [36, page 203 paragraph 397].

History and anamnesis

In truth, we are underlying and reinforcing very simple and elementary principles in medical art and science of all times, the importance of history and anamnesis (joining the memory), the sense of rescuing notions of human development instead of human repression, consideration and respect by the other, with the aim to know the history of each person, their culture and symbolic universe:

“The constructive method, in order to be faithful to its nature, must adjust to the cues given by the very own system of the delirium. The patients must be taken seriously and accompanied in a consequent manner. Therefore, the investigator puts himself in the point of view of psychosis.” [36 page 213 paragraph 422]

Restoring the art of healing: contemporary practical strategies involving Mental Health Promotion under the new paradigm

Expression, creativity and psychic healing, there's method in it

Experience has demonstrated that the expression of those unconscious Affect-Images emerge in situations of psychic suffering. On varying degrees, the field of awareness is invaded by autonomous unconscious contents that compromise the integrity and proper function of consciousness.

From the long series of images painted by her patients, Nise and her team were able to decipher hundreds of cases of many traumatized personalities that found a way of development through art and symbolic expression, executing the ritual dramas of renewal expressed in images through different languages, that develop our process of individuation. This work demonstrates the immense importance of symbolic expression in psychopathology and psychiatry. Symbolic manipulations in physical space, images and relationships have immense symbolic importance, such as stated by many psychiatrists and therapists like Ronald D. Laing (United Kingdom) [37], Lula Wanderley (Brazil) [38], Gina Ferreira (Brazil) [39], Jacques Arpin (Switzerland) [40], Blythe Corbett (United States) [41], Laurence Kirmayer (Canada) [42], Frederick Hickling (Jamaica) [42] and also the North-American performance/ theatre scholars [44] and the psychophysiologist and dancer Paula Thompson [45].

Da Silveira explains clearly this methodology, reflecting her whole life clinical experience of work with Brazilian poor people, diagnosed as chronic psychotic and

BOX 1: Space Open to Time, contemporary art and relational objects

"The world reconstructions, performed by those who suffer the devastation of a psychotic crisis, sometimes resemble the reconstruction of the world contained in the experience of art. Although the suffering does not determine art, the concern about the real and imaginary, of fragmentation and of unity, the experimentation of a new code of communication with the world approximates both experiences" (Wanderley L. The Dragon landed in Space: Contemporary art, mental suffering and the relational object of Lygia Clark, Rio de Janeiro, 2002) [38].

schizophrenics in the Engenho de Dentro Psychiatric Hospital: "Instead of archaic impulses be exteriorized violently, we offer the ramp that human species sculpted throughout millennia to

express them: dance, mimic representations, painting, modelling, music. It will be the simplest and most efficient” [34 page 102].

DyoNises Theatre, Madness Hotel and the People’s University for Art and Science, Rio de Janeiro, Brazil

My own experience in the psychiatric hospital started in January 2009 getting to know the experience of Nise da Silveira’s Museum of Images of Unconscious. After two years of intense research and study of her extensive scientific work, in February 2011 we decided to start the theatre workshop under the inspirations that this paper debates retrospectively. The results started to amaze me and my team, we established a language and a relation through theatrical rituals performed in the open and closed spaces of the hospital, as well as pageants and regular public performances. This process is still in progress, although in a public square outside the Engenho de Dentro Psychiatric Hospital, since local authorities in Rio de Janeiro discontinued this successful public policy in May 2016. Fortunately, we have the whole seven year experience documented in hundreds of documentary films and more than 18 thousand pictures. We train the patients to become actors under a method described through universal dramaturgy [46], with some papers published about this experience [47-51]. In 2012 we occupied abandoned psychiatric wards of the old hospital and founded the so called Madness Hotel, which intensified our work in the community with free collaborative engagement of patients, artists, physicians, psychiatrists, family doctors, researchers, anthropologists and a huge amount of articles, movies and news were published. [52-59]. In spite of our success and acceptance amongst patients and professionals, the Public Health Office of Rio de Janeiro closed the Madness Hotel in a totally authoritarian attitude, and we presently are struggling by all means to restore it and reopen it, that will take place in 2018 in a house lended by Maria José Moraes, actress of the group since the 2014 Hamlet season. The DyoNises Theatre Rio de Janeiro group keeps rehearsing twice a week in the public square beside the hospital.

The continuous experience of theatre and performance in the last eight years in Rio de Janeiro, Brazil and in the last 3 years also in Montreal, Canada in the environment of mental health sector has provided us a reliable method of mental health promotion inspired and guided

by the theories and scientific principles debated in this paper. Science is explanation of the phenomena through generative mechanisms, that is, recipes that if you execute them the phenomena shall occur in an observable and reproducible manner by the community. Therefore, science has a profound commitment with reality, with communities, with life in motion, with culture [60]. We believe that the visions and strategies here discussed help us to act more responsibly in accordance to our knowledge that, in a cybernetic view as proposed by Pickering, knowledge is performance [61].

DyoNises Theatre, Montreal, Canada

Through collaborative projects involving the Division of Transcultural Psychiatry of McGill University, the mental health community movement of Quebec, the community organism PRISE II and the collaborative effort of artists and patients, we started in December 2015 a theatre workshop in a radically different culture from Brazil, with a different climate and anthropological matrixes to play the repertoire and methods accumulated in the Brazilian DyoNises Theatre. In the last year we published several papers, one of particular importance that was written by Louise Rosenberg one of our actress under training [62,63] that I consider a first hand report, in English and French, of the psychic and physical effects of the actor training we practice in human health. Also, several essays, and visual pieces had been published reflecting and reporting the experience that is succeeding into the second year with significant developments to be reported soon.

Conclusion

The experiences of all authors here debated are published, available for the community and may help us to advance more efficient mental health policies that are urgently needed today in our sick global society. It is possible, as science and art experiences demonstrate. There remains the political and collaborative obstacles to the adoption of those scientific theories with the test and practice of its mechanisms, that's why we must keep publishing, researching, promoting, lecturing and disseminating this vision about nature.

“Until now, music, dance, and parties played a limited part in your family. Do you think the deadly silence you maintain now is of any advantage to you or to the sick one? Diversion is a golden cloud that helps man – if only for a short time – to forget his misery. All of you, if you return to your happy part of your family life, will be like people who, returning to their home country, recover at once from sickness and sorrow” J.W. von Goethe, 1818 [64].

PART 1

Chapter 2: Nise da Silveira and a Genealogy of Psychiatry and the Arts.

In press.

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"We have to admit that we start from one fiction: we presume that the metaphysical sense of artistic configurations is well known. In reality, it is any how familiar as demonstrate the investigative efforts of philosophical aesthetics"

Hans Prinzhorn, 1922 (Prinzhorn, 2012)

Abstract

The psychiatrist Nise da Silveira (1905-1999) pioneered several major innovations in Brazilian mental health policy. She developed a clinical practice grounded in the principles of Jung's analytical psychology and applied this approach to the spontaneous expressive productions of patients with chronic psychosis. In 1946, she created the Museum of Images of the Unconscious, which maintains up to today a growing archive of some 360,000-artworks by patients of the oldest Brazilian psychiatric hospital. In 1957, she also inaugurated one of the first outpatient cultural clinics, the House of the Palms (Casa das Palmeiras). She published hundreds

of articles and several books, the most important of which include: *Images of the Unconscious*, *The World of Images*, *Letters to Spinoza*, *Jung: Life and Work*, and *Cats: Emotion of Coping*. She also produced dozens of film documentaries, three in collaboration with the Brazilian filmmaker Leon Hirszman and organized hundreds of art exhibitions. She trained generations of psychiatrists, occupational therapists, and psychologists, and influenced many artists and people from all walks of life. Working at a time when psychiatric therapeutics was dominated by Electroconvulsive therapy (ECT) and lobotomy, she fought for a paradigm change that was rooted in political recognition of patients' agency and respect for the self-healing functions of art and the unconscious. Her work remains a vital inspiration for a new generation of mental health workers in Brazil and in the world.

Introduction

The Brazilian psychiatrist Nise Magalhães da Silveira made seminal contributions to the treatment of people with severe mental illness, besides that, she articulated and advocated for a major paradigm shift in the practice of psychiatry and medicine. Working in the Engenho de Dentro poor suburb of Rio de Janeiro, in a century-old psychiatric hospital, subjected to all difficulties of working on the border, she contributed to the transformation of psychiatric care and advanced a deeply humanistic approach to understanding and working with patients. She combined political engagement with a deep respect for the creative functions of the psyche. As she put it in an interview in 1986: "I am not a philanthropist lady. I am very curious about the abyss—although I am conscious that it is so vast that I approach the borders." (Hirszman, L, 1986). Although long recognized in Brazil as a landmark in the emergence of a more humane, patient-centred and creative approach to mental health and treatment, her work deserves a larger audience. In this paper, we review some of the key lines of her work, along with their theoretical underpinnings and implications for contemporary psychiatry and mental health public policies.

Anamnesis: Joining memories

Nise Magalhães da Silveira was born in February 15th 1905, in Maceió, capital of the state of Alagoas, in the Northeast of Brazil. A precocious student, Nise was admitted to the Bahia Medical School when she was only 15 years old, having faked her age as 16 and graduated as a physician at 22. She defended a thesis about the psychology of women's criminality and moved from Bahia to Rio de Janeiro, where she started working as a resident in neurology, under professor Austragésilo Rodrigues. With the death of her father, she started experiencing serious financial difficulties along with her lifelong husband, classmate in medical school and cousin



Mario Magalhães. The Neurology Professor suggested she to apply to the psychiatrist public selection of the National Service of Mental Health, and she was accepted. Nise began to work as psychiatrist in 1933 at the oldest Brazilian psychiatric hospital inaugurated by Emperor Pedro II, in 1852 (Mello, LC, 2014).

During the dictatorial Vargas regime[1], after a nurse of the hospital denounced her to the ideological police for having “communist books” in her room, Silveira was imprisoned for 18 months, along with other famous political prisoners of the period, such as the writer Graciliano

Ramos and the German communist militant Olga Benario (Ramos, G, 1953). After she left prison, Silveira's political rights remained suspended for eight years and she fled to remote regions of the country. She spent those 8 years of exile, in a period of intense studies, with particular attention to the work of the philosopher, Baruch de Spinoza who advanced an integrative view of mind and world. As Spinoza wrote in *Ethics*, his posthumous book, published in 1677: "The order and connections of ideas is the same of the order and connections of things" (Spinoza, B, 2006). In Spinoza, Silveira found a philosophical perspective that transformed her way of thinking about psychiatry and, indeed, her own sense of herself.

"Spinoza had given to me something I didn't know existed up to that moment: the unity of things. Everything is one. When I found out that matter and energy are a single thing, one transforming into the other, I became another person." (Spinoza, B, 2006 p. 85)

Toward the end of her life, Nise wrote a personal book, 'Letters to Spinoza', a collection of seven letters addressed to Spinoza as her master, where she discussed the importance of his scientific and philosophical work as a basis for her own work at the psychiatric hospital. Of particular importance to her were Spinoza's theories about affection, consciousness, and images.

"Even as thoughts and the ideas of things are arranged and associated in the mind, so are the modifications of body or the images of things precisely in the same way arranged and associated in the body." (Spinoza, B, 2006 - Part V: the power of understanding or human freedom. Prop I.)

Spinoza defined images as conjunctions of bodily affections/modifications, as simultaneous expressions of mind and body, aiding us to visualize the precise and intimate connection between what we call emotions, bodily states, and images. This conjunction is central to understanding the psychiatric importance of these experiences and proposals. It is the central concept in Silveira's work: images expresses the existence of people, their emotions and culture

and, later as a Jungian, that those images paralleled archetypal mythological patterns related to each one's historical and anthropological background that helped to understand the origin of psychotic hallucinations. (Jung, CG, 2014)

After this period of forced exile and intensive study of Spinoza, Silveira was readmitted to the national mental health service on April 17, 1944, and was sent to the new site of the Pedro II Psychiatric Hospital, in Engenho de Dentro neighbourhood, a mixed poor and middle class suburb, which today is densely filled with favelas, a typical example of the chaotic public space of Rio de Janeiro's peripheral areas.

On her return, Silveira found that psychiatric standards of treatment had changed considerably with the introduction of electroconvulsive therapy by the Italian neurologist Ugo Cerletti in the end of the 1930s. Bravely defying her superiors, she refused to apply this and other aggressive methods like insulin-induced coma. She was then transferred to the almost abandoned Occupational Therapy Department of the hospital, where she began to offer creative arts and crafts workshops to the patients. In the first year, Silveira and her collaborators developed up to 17 different activities including painting, sculpting, music, singing, theatre, parties, cultural parties, sewing, shoemaking, with the help of volunteers and monitors (Mello LC, 2014; Silveira N. da, 2015).

“S. Giedion sees in every work of art a psychic document. And he also attributes particular importance to the way the space is structured, because it is through the structure of space that one can understand the relations of the individual with the environment and what idea he makes of cosmic order” (Silveira N. da, 2015 p. 42.)

The environment of care and creativity, of playing and trying new things, constantly supported and renewed by Silveira's personal commitment and scientific interest, allowed her to observe and describe the functions of human creativity, in a population of highly vulnerable patients with chronic psychosis, who face discrimination and abandonment in old colony hospitals in Brazil and throughout the world. Engagement with images provided Silveira a way into patients' subjective experience.

“I find the image extremely powerful, and, if a psychiatric patient is able to express that verbally: “I’ve changed to the world of images” (Fernando Diniz), if I want to understand him, I’ll have to follow him through this world of images, on the contrary, [if I do not follow the images] I’ll stay outside the door.” (Silveira, N da, 1992)

Improvisations

“There are schools that study the images, but understand that the painted images serve only as means to develop verbal expression, that is considered by them the only valid language. The image as a vehicle must be translated into words. For us, the image is valid in its own value, it speaks by itself, and eloquently.” (Silveira, N da, 1992)

Silveira observed the intense stream of images that arose in the painting and sculpting ateliers. She searched for explanations of this imagery within psychiatry, but also in art theory, anthropology, psychology, literature, and many other fields. She read the work of the pioneer Hans Prinzhorn, who in 1922 published “Expressions of Madness”, a volume book in which he reflected on the famous Heidelberg Outsider Art Collection (Prinzhorn, 2012). She collaborated with one of the most prominent art critic of Brazil at the time, Mario Pedrosa (Pedrosa M, 1949). In a book published after her retirement, Silveira stressed methodological principles from Art theory that help us to understand the results she achieved :

“The abstract language creates itself at every instant, due to the impulse of forces stemming from the unconscious. It was an empirical finding. Worringer already had brought me decisive explanations when I suffered through useless searches in the psychiatric texts. Later on, the encounter with Kandinsky brought me data even more important for the understanding of numerous abstract paintings produced in our atelier. It seems to me that these paintings are very close to what Kandinsky called “improvisation”. The experimental finding found resonance in the conception of a great master of Art Theory. Kandinsky writes: “Expressions, in great part unconscious and

suddenly formed, originated in interior happenings, therefore impressions of the Inner Nature. I call them *Improvisations*””. (Silveira N. da, 2015 , p. 77) quoting. Kandinsky On the Spiritual of Art, (Kandinsky, W. 2012 p. 55.)

Improvisation and play, origins of the humanity

Different authors have pointed to the strategically important role of improvisation, to change in act, to dialogue in action, to remake and retry ac each moment, at each territory, at each community, family and individual. In theater, to improvise is a vital necessity, to dialogue in scene, in co-creation, of permanent changes and proposal. Each actor-human being, capable of manifesting itself, to interact with yourself and the other, deepening the levels of human communication favouring, thus, mental health promotion.

Comparing other institutional experiences in mental health promotion to the one of ours own (Pordeus), it was revealed the necessity to improvise in the foundation and management of the Center of Culture, Science and Health of Rio de Janeiro Public Health Office in 2009, the first organ fully dedicated to culture in a known public health office of a city with 7 millions inhabitants such as Rio de Janeiro. The impact provoked by the work of Nise da Silveira emerged and still emerges as a stream of experiences and authors, revealed in a powerful lineage of authors like Kandinsky (2012), Goethe (1818), Jung (1985), Amir Haddad (2001) – contemporary Brazilian theater-maker, others contemporaries authors like Nachmanovitch (1990) and one of ourselves, Kirmayer (1994).

All of them have explored the realms of human imagination, proposing innovations that were considered to be revolutionary at time and they keep being considered revolutionary now. The simple fact of reflecting upon the theme of ‘improvisation’ makes us think on the fact that virtually every act of communication in contemporary media follows a ‘script’, a set of actions and words, written by an author in particular, with particular aesthetic and ethic views, working in particular contexts, being broadcasted to hundred of millions of people worldwide. What would involve more improvisation in human communication? And what are the consequences for psychiatry, where mental diseases are “double” failures do establish relation and communication to the mother, the family and the world that as proposed by Gregory Bateson

(1972). It is through playing and improvisation as stated by Nachmanovitch, Da Silveira, Kandinsky and others, that we can access images from inner nature, personal and collective unconscious.

In current DyoNises Theater working dramaturgy, LILA a play published in 1818 by Johann W. von Goethe, the genial author suggests improvisations in most scenes, with sang poetry and circular dances in order to heal the psychotic crisis of the Queen Lila Sternthal: “We will put together some beautiful improvisations”(Goethe, 1818).

The idea of playing and improvisation is observed in many different yet related fields like art theory and psychiatry, for instance, the paediatrician and psychoanalyst Donald Winnicott explained the therapeutic process as play and improvisation: “Psychotherapy takes place in the overlap of two area of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together. The corollary of this is that where the playing is not possible then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play (Winnicott, D. W. 1971 p.51). Dr. Winnicott closes the case with his last book published ‘Play and Reality’:

“It is playing and only in playing that the individual child or adult is able to be creative and to use the whole of personality, and it is only in being creative that the individual discovers the self.”(Winnicott, D.W,1971 p.72/73)

“If the therapist cannot play, then he is not suitable to the work. If the patient cannot play, then something needs to be done to enable the patient to become able to play, after which psychotherapy may begin. The reason why playing is essential is that it is in playing that the patient is being creative.” (Winnicott, D.W,1971 p.72)

“It is good to remember always that playing is itself a therapy. To arrange for children be able to play is itself a psychotherapy that has immediate and universal application, and it includes the establishment of a positive social attitude towards

playing. This attitude must include recognition that playing is always liable to become frightening.”(Winnicott, D.W,1971, p.67)

Ritual Dramas of Renewal

Indeed, after years of practice of collective improvisation and theater, we had the opportunity to observe patterns of images, characters and narratives. First of all, the unconscious collective behaviour evokes what John Weir Perry described as a Ritual Drama of Renewal working with acute psychosis patients for 50 years in California (Perry JW, 1976). It means the repetition of certain cyclic motifs, mythological, archetypal, affect-images that will be verifiable in every theater spectacle that be well performed. We have documented those mythological motifs with the play *The Bacchae*, played in Montreal’s public spaces in 2016. Like Nise da Silveira documented the same images in paintings and sculptures (Pordeus V, 2016). Another important phenomena observed is the archetypal relationship between an actor and its characters, since we work in a really improvised manner, without role specialization, and practicing the “Joker” actor as described by Augusto Boal (Boal, 2000). Our groups observed repeatedly during the actors’ and actresses’ performances in Brazil, Mexico and Canada, the emergence of shadowy contents as the characters were played, better understood and evolved until its own “death”. Queen Gertrude, Hekate, Agave, Ophelia, Dionysus, Pentheus, Faust, King Claudius, Lila, Marduk and Tiamat, Kings, queens, Gods, and Goddess that exemplify human drama and through improvisation and follow-up of the track we have been re-encountering the healing forces of nature that were praised and developed by the authors we refer, from Hippocrates (Lloyd, G. E. R., Chadwick, J., & Mann, W. N. (Eds)1983) to Shakespeare (1909), Goethe (1818) to Nise da Silveira (2015).

Improvisation, play and collective unconscious

The Dutch pioneer Johan Huizing published in 1934, a precious reflection on the playing nature of humankind and was able to connect the play and human psychic activity with extraordinary clarity even for today’ public mental health policy:

“If it is in the myth and in the cult that are originated the great instinctive forces of civilized life: the law and the order, the commerce and the profit, the industry and the art, poetry, wisdom and science. All of them have roots in the primeval soil of “play”.”
(Huizinga, J. 2014 *p.* 7)



Figure 1: Kandinsky W. Improvisation 28, 1912

Source: Internet, Permission



Figure 2. Circular Mandala Imagery in a Patient Paintings in the wall of the hospital, 2012. Source: (Museu de Imagens do Inconsciente, online)

Back to history: Mandalas and Jung

Among the many activities Silveira explored, she identified painting and sculpting as the most productive. She observed the appearance of structured symbols in many of the paintings of patients with the most severe syndromes of schizophrenia and chronic psychosis. In particular, she observed the emergence of circular symbols that resembled mandalas (Figure 2). She took photographs of these paintings and sent them to Carl Jung, in Zurich, and he replied confirming that these were indeed mandalas, and inviting her to join him in his research at the Jung Institute in Switzerland (Figure 3). (Mello LC, 2014)



(Figure 3 source and permission Museum of Images of the Unconscious)

Jungian initiation

“Do you study mythology?” Jung asked Nise. She replied, “Mythology? No.” Jung said: “If you don’t study mythology you will never understand the symbols that appear in the delirium and the painting of your patients. The myths are original manifestations of the basic structure of the psyche. That’s why their study should be fundamental to psychiatric practice. Mythology is not a topic for scholarly dilettantism. It is an everyday tool for work, essential for psychiatric practice” (Silveira N da, 2006 p. 6).

Silveira had the chance to work with Jung in Zurich for two years (Figure 3), funded by a grant of Brazilian government. During this time, she was analyzed by Marie-Louise von Franz,

Jung's close collaborator and secretary. In later writings, Silveira was clear that Jung's theories were essential for her to decipher the images in the spontaneous, improvisational painting of her patients with schizophrenia, most of who came from lower socioeconomic backgrounds, in Rio de Janeiro's favelas in the North Zone of the city (Mello LC, 2014).

Silveira understood the role of affections (Spinoza's term for bodily states and changes) and images in psychotic process in Jungian terms:

"When someone starts to lose the security before concrete values of life, the unconscious contents become vertiginously real. From a psychological point of view, the psychosis consists of a mental condition where unconscious elements occupy the place of reality." (Jung, CG, 2014 p. 250)

Dr. Da Silveira emphasizes the importance of images as translators of emotional experience. In one of her letters to Spinoza, in one of her last books, she wrote:

"Each time I was more convinced that the images could allow us to visualize hidden and hurtful life experiences of those being that had drifted away from our reality, that the images turned the "invisible, visible"... [so that] We could start to communicate" (Silveira N da, 1995 p. 95)

Back to Engenho de Dentro Psychiatric Hospital

Upon her return to Engenho de Dentro in 1957, Silveira began to apply develop the psychiatric method learned from Jung to construct and develop the unique Museum of Images of the Unconscious:

"I had always been fascinated by explorations of the immense intrapsychic world. It was to probe this world if I listened attentively to the confused speech of the schizophrenic, if I observed their mime, gestures, and actions, when they were idle or engaged in activities, if I looked over the images they freely painted. I gathered those images in series, long series, and infallibly meanings eventually presented themselves. To learn those meanings is not mere scientific curiosity. I can't conceive how it would be possible to make contact with a man or woman, and treat them, by whatever method,

without having at least an idea of how this person is living in time and space, without hearing about the strange thoughts that come to him and the images that overwhelm his mind. One of the less difficult pathways to access the internal world of the schizophrenic is to give him the opportunity to draw, paint or sculpt with all freedom.” (Silveira N da, 2006)

Mapping the Collective Unconscious through a Museum

The Museum of Images of the Unconscious was started at September 9th 1946 (<http://www.ccms.saude.gov.br/nisedasilveira/datas-fatos.php>) when Nise actually opened the painting and sculpture atelier with close collaboration of Almir Mavignier, an artist who was a functionary at the Direction of the Engenho de Dentro Psychiatric Hospital, at the time named National Psychiatric Center. Her return happened after 8 years of the suspension of her political rights where she was a refugee in her own country, after facing one year and half inside the prison. In those initial years out of the 17 workshops she maintained with the patients, the symbols painted with liberty, improvisation and no direction. The formal inauguration of exhibition of the Museum of Images of the Unconscious happened in May 20th 1952 according to historical sources, and it works up to today as Nise da Silveira gains more recognition inside and outside Brazil (Mello LC 2014). The government, however, remains indifferent to her discoveries for more than 70 years now with an on growing technical archive of more than 360.000 artworks produced by patients of the Hospital. With the exception of President Janio Quadros who invited Dr. Nise da Silveira for assisting him in the formulation of a public mental health policy for Brazil in 1961 (Silveira N da, 1966). Quadros renounced the presidency in 1961 under pressure of “obscure and powerful forces” that, once more, drowned Brazil in 1964 into another dictatorship that lasted 21 years in our recent history, as is repeating in our present days with another anti-democratic government in power since may 2016 (Mello LC 2014).

The Museum of Images of the Unconscious represents a work of extraordinary artistic, scientific and medical importance given its contributions for the fields of medicine, arts, anthropology, aesthetics, semiology, psychiatry as well as to cognitive science, neurobiology, research in psychosis and schizophrenia. It is an school of transcultural and community

psychiatry in Engenho de Dentro, a characteristically socially vulnerable region of Rio de Janeiro's public health emergency, with communities facing public emergencies in mental health, civil war, violence, genocide marked by the “insane” public policy of security in third world countries, which is police repression, even systematic, constant killing of the unarmed civil population, and prisons full of black and poor people, named under the internationally sponsored “War on Drugs”.

The example of Nise da Silveira is emblematic on in spite the hecatomb it is possible to work with method, clarity, dialogue, culture and community as the currently debated experience demonstrates. (Mello LC 2014)

Clinical Cases from the Museum of Images of the Unconscious

To illustrate Silveira's insights into the way in which imagery can express the psyche, we summarize four cases from the Museum of Images of the Unconscious.

Adelina Gomes and the Myth of Daphne: The Woman Who Transformed into a Flower



Adelina was a patient with a diagnosis of schizophrenia with 10 years of hospitalization, severe chronic psychosis, who was mute and sometimes aggressive. Adelina's history was of a poor adolescent from the countryside of Rio de Janeiro who fell in love with a married man. She was severely repressed by her mother. Shy and introverted, she retreated to her room and sank into a year of increasingly depressed mood. One day, she left her room and strangled her family's pet cat, leaving the family in panic and precipitating her hospitalization.



Figure 4: Sculpture by Adelina Gomes paralleling a Palaeolithic goddess

Nise visited the different sectors of the hospital daily, and she described this scene:

“Adelina didn’t speak in any way.

I used to pass close to her and say:

- Good morning Adelina.

She never replied. Years passed by. One day, I passed and repeated:

- Good morning Adelina.

And I walked away down the corridor. Then, the social worker ran to me and said:

- Do you know what happened? After you passed, right after she has thrown to you a kiss.”

- My impetus was to return, but I held myself. But the next day, instead of saying “Good morning Adelina”, I offered my face. She kissed me. This established our rapport. (Mello LC 2008, p.41)

During her time in the art workshop, Adelina told a monitor, in an almost inaudible voice: “I wanted to be a flower”, when offering the painting reproduced as Figure 4.



In the subsequent series of paintings, Adelina revealed the metamorphosis of a woman into flowers, houses and flowers, women, men, the house. She produced long series of works, some 15000 in total, including paintings and sculptures, depicting what Silveira would title, in a documentary movie produced many decades later with the filmmaker Leon Hirszman, “In the Kingdom of Mothers” (Hirszman L, 1986).

After working with Jung, Silveira traced the parallels of Adelina's mythological motif of the woman-flower to the Greek myth of Daphne, the nymph who, after being harassed by Apollo, the god of healing and arts, was transformed into a laurel tree by her father Ladon and mother Gaia. With time, Adelina engaged regularly with the painting and developed strong ties of friendship and even had a love relationship with other of the artists of the Museum. The 1987 brilliant documentary movie dedicated to the memory and history of Adelina Gomes was named "Images of the Unconscious: In the Kingdom of Mothers" as a reference to the chain of archetypes that configure the feminine dimension of our nature so tragically and poetically expressed in this case history (Hirszman, 1986).

Fernando Diniz the frustrated demiurge

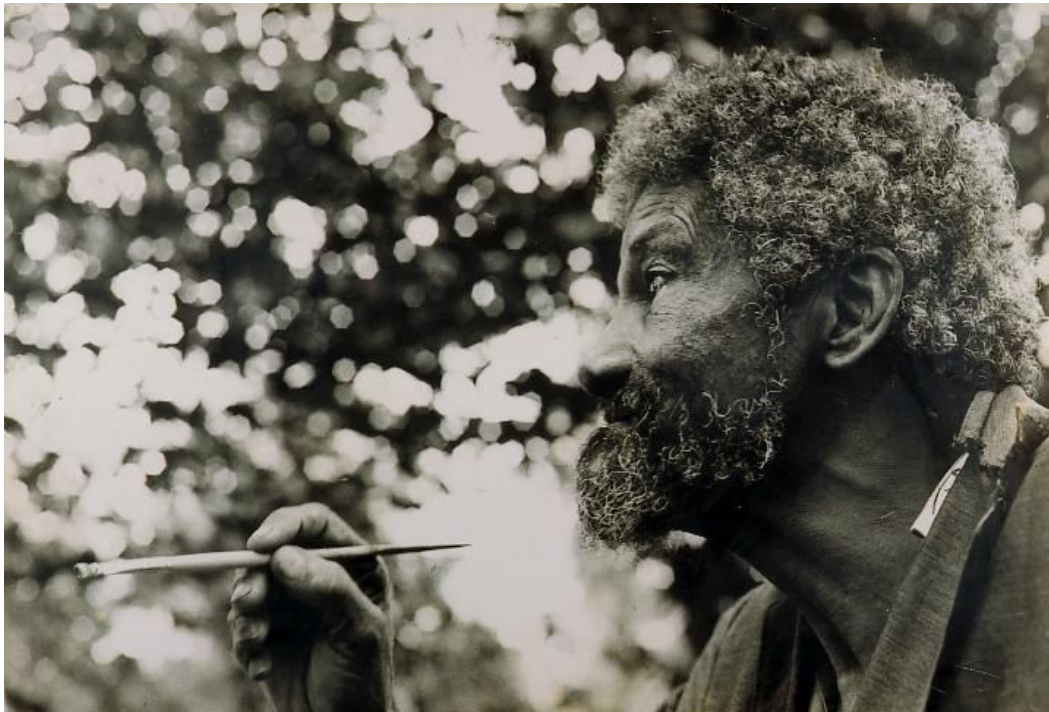


Figure 6, Fernando Diniz, portrait, 1970 (source and permission by the Museum of Images of the Unconscious)

Fernando was a poor boy brought up by his mother a seamstress struggling to survive in Rio de Janeiro's early XX century. Fernando was very intelligent, a very high IQ score, his

grades at school were excellent, and he promised an educated future. One of the greatest motivations to study was to marry Violeta, a daughter of one of his mother's clients. At the end of adolescence, he discovered that Violeta had married, and that was enough to throw his fragile personality into unconsciousness. One day, he was arrested while trying to bath naked in Copacabana beach in a sunny Sunday midday.

Fernando Diniz developed an immense series of works, around 21 thousand, in his life as an artist of the Museum of Images of the Unconscious. One of the most significant series, and one of the most studied by Nise, was the theme of the house and daily space.

In the first documentary movie realized by Nise and Leon Hirszman about Fernando Diniz, the title says: "Images of the Unconscious: in search for the daily space". Fernando is known for his long and detailed painting series about houses, domestic environments, floors, footers, living rooms, and dinner rooms, house objects, pianos, violins. (Mello LC 2014)



Figure 6. Daily Spaces by Fernando Diniz

Nise writes about him: "I've seen patients improve with no other treatment, only painting and modelling (sculpting). I've seen, for instance, a highly gifted young man, that had to be hospitalized when he was finishing high school. He was shattered in his interior and interrupted

his relations to the exterior. I've seen him reorganize himself through painting. From the beginning, he painted bunches of different objects, entirely disarranged, with no structuration of space. Little by little, in a certain sense, he took those objects out of chaos, framing, distinguishing, isolating. He arranged, then, the living room of the house he would like to live. But to arrive there, he did hundreds of paintings..." "That's what I have called "In search of the daily space". (Mello LC 2014 p. 217)

Figure X Fernando Diniz painting (source and permission by the Museum of Images of the Unconscious)

Since she followed the artists by many decades, Nise was able to observe the plastic expression and the clinical evolution in parallel at each predicament he crossed, and they were many, since Fernando, although today considered a genius of visual arts, still was a black and poor Brazilian psychiatric patient. She considers him a mythical frustrated demiurge, like many very primitive deities that had tried to create the world by different manners until succeeded. Hundreds of works from papers, newspaper articles, exhibitions, movies, thesis, and even a prized animation movie, were done by and about Fernando, he even became famous in Brazilian arts community. But mysteriously, he remained anonymous for the general public, probably, due to powerful stigma against mental disease broadcasted by mainstream media, which endures until this day. Nise asked many times in her work:

"Everybody praises the high artistic quality and the beauty of the images produced by the artists of the Museum of the Images of the Unconscious. However, nobody asks who are those artists, or even under which conditions are they living inside the sad institutions named psychiatric hospitals." (Silveira N da In: Da Motta, 2005)

Emygdio de Barros: the survival of creative force



The arrival of Emygdio de Barros in the atelier of the Museum was emblematic. He was brought from the psychiatric ward without authorization of the assisting psychiatrist. When Nise noticed that, she reprehended the monitor who brought him. But he replied: “Dr. Nise, when I was bringing the other patient, I noticed that he wanted to come along, I saw in the corner of his eye he wanted to come”. Nise paused. She respected that decision, later she would write that to read the corner of eye of a schizophrenic was not little thing. She went to the ward to ask for authorization to the psychiatrist, but he warned: “Emygdio won’t produce anything, he is a very deteriorated chronic psychosis patient, and he’s been hospitalized for 23 years”. (Mello LC, 2014)



Figure 9 Carnaval by Emygdio de Barros. (Source and Permission by the Museum of Images of the Unconscious)

This chronic psychosis patient had been considered one of the greatest painters of Brazilian history in documented statements by the great art critic Mario Pedrosa and the famous poet and art critic Ferreira Gullar. He was a worker in the Navy Armoury and due to the quality of his work, he was sent to France for qualifying himself in 1925. After this long trip, Emygdio got into crisis after discovering that the woman he loved got married to his brother. He was hospitalized in 1926.



Figure 10 Emygdio de Barros, Universal, 1948

His creative work emerged intensely at the atelier of the Museum of Images of the Unconscious. He painted landscapes, abstract images and symbolized in Nise's descriptions the resistance of creative force in a patient with very long hospitalization. The eruption of powerful images arranged in long series help us to understand unconscious operations, followed in all cases quoted in this paper. (Mello LC, 2014)

Carlos Pertuiss and the Planetary of God



Carlos was hospitalized in 1939, when he was 29 years old. He was a shoemaker since early age, after the death of his father. He endured great difficulties from poverty. One day, rays of the sun reflected in a small mirror in his room. The vision of that intense ray of light in that particular historical moment of his hard life flared a psychotic crisis and he had the vision of the “Planetary of God”. Filled with enthusiasm, he went running and screaming through the house and the neighbourhood: “Come see the Planetary of God!”. He was hospitalized and, after nine years, when he had the opportunity to paint, he painted the “Planetary of God”, an impressive mandala reproduced here.

Figure 11. Carlos Pertuiss' Planetary of God, 1947



Carlos painted his whole life in the Museum of Images of the Unconscious. Nise considered him a very religious person, and throughout his life she observed a superior ethical and moral sense in him. He had the keys of the Museum and would open it and close it everyday.

One day, Nise surprised him looking for something in the trash. When she approached him asking what he was doing, he came to her and showed what he had in his hands:

- “Look, seeds! Do you think the trash is the right place to seeds?

He was collecting orange seeds that were thrown out by people. Nise helped him.”

Figure 12 Carlos Pertuiss, Dionysus and the Bacchae, 1955



His mythological themes are the solar gods, with hundreds of paintings configuring references to the solar light gods, from Mithra to Dionisos, to Jesus Christ. Nise da Silveira and others, like John Weir Perry and Carl Kerényi, have extensively studied the theme, subject, in order to trace the lineage of the archetype of solar gods present in all mythologies of humankind. (Silveira N da 2015, Kerényi K 1996, Perry JW 1966)

Art as Transformation in Severe Mental Illness

"To specify the axis of our research, we'll remember the art conception of Tolstoy, it coincided with the vision of going under the surface of the configurative process, that must value aesthetically and culturally, admitting a general, basic human process. This would be, in essence,

the same in the most splendid Rembrandt's drawing and the bizarre scrawls of a paralytic: psychic expression."

Hans Prinzhorn, Preface - *The Art of the Insane*, Heidelberg, 1922. (Prinzhorn H, 2012)

Cultural expressions have been intuitively used for therapeutic purposes since immemorial times. The psychiatrist John Weir Perry describes with great clarity the ritual dramas of renewal in "Myth and Madness", as common originators of our ritual, mythological and symbolic heritage as well as psychotic images arisen from the deep unconscious (Perry JW 1976, Perry JW 1966). This reveals common origins for healing, religious, aesthetic, social, cultural, scientific and political experience. Therefore, the development of artistic, cultural and symbolic practices in favourable relationships, in positive environments, with methodical dialogue and follow-up of the productions has been pointed by many authors as means of therapeutic communication, especially by the pioneer Hans Prinzhorn, who published in 1922 the book "Expressions of Madness: the art of the mentally ill. (Prinzhorn H, 2012). In this work, he discusses in detail the artistic forms and contents expressed by the patients from Heidelberg, Germany. Prinzhorn, who besides physician and psychiatrist was also art critic, singer, musician and poet, states clearly the necessity for the psychiatrist to dominate the "art terminology" in order to understand and explore the imagery produced by the patients (Prinzhorn H, 2012).

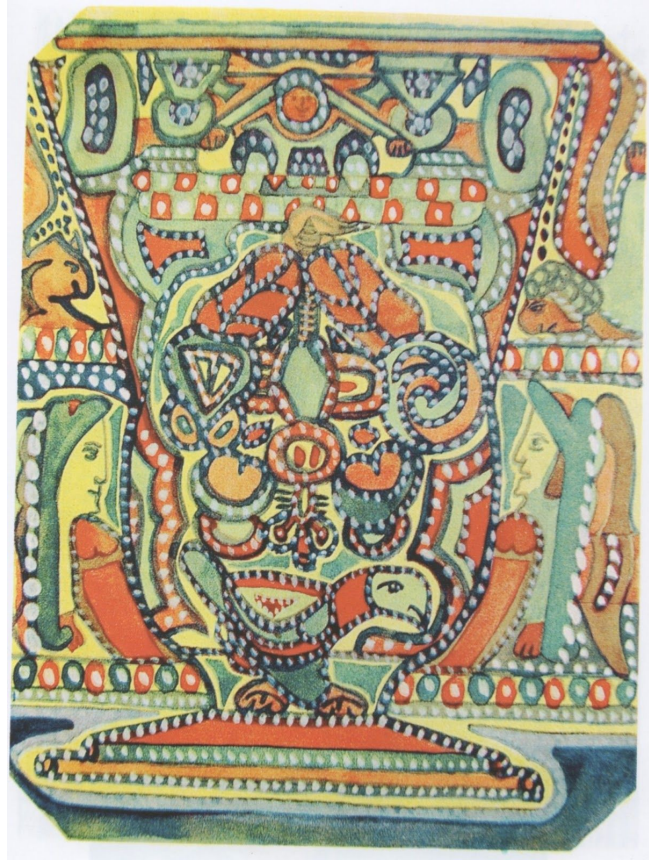


Figure 13 Prinzhorn Collection:

Prinzhorn, in his turn, had been influenced by the work of the pioneer in forensic psychiatry Cesare Lombroso, who in a book published in 1895 had theorized on the relationship of geniality, art and madness, bringing up the idea of degenerate art and genius as a form of hereditary insanity. These ideas would play a dangerous political role a few decades after with the Nazi persecution of artists and cultural movements under the accusation of “degenerate art”. (Lombroso C, 1895)

Also in Brazil, another early pioneer Dr. Osório Taumaturgo Cesar working from the 1920's on in the Juquery Psychiatric Hospital, in Franco da Rocha, São Paulo state, also applied artistic knowledge to understand the expression of patients. He even corresponded continuously with Sigmund Freud in Austria. He published a first paper in 1924: “The primitive art of the alienated”, a seminal exploration where he discusses the sculptures of a patient and their possible parallels in archaeology and anthropology, as well as Freudian psychoanalytic theory (Cesar O 1925, Cesar O 1934). Taumaturgo Cesar was a violin player and teacher, besides psychiatrist,

and he was very connected to avant-garde artists, such as the poets and cultural activists, writers Mario de Andrade and Oswald de Andrade, the gifted painter, and lover of Osorio Cesar, Tarsila do Amaral as well as the artist and engineer Flavio de Carvalho, all of them key figures of the Brazilian anthropophagic modernism.

Secretaria dos Negócios da Educação e Saúde Pública
Assistência Geral a Psicopatas

SERVIÇO DE IDENTIFICAÇÃO

Ficha Funcional *Registro N.º 120*

Nome DR. OSORIO THAUMATURGO CESAR Cór Branca
 Data de Nascimento em 17-Novembro-1895. Nacionalidade Brasileira
 Estado Civil Casado Profissão Médico
 Exerce a Função de Médico Anatomo-Pathologista no H. Central desta As-
similação. Identificado em 6-Dezembro-1937.
 Admitido em _____



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They started the Club of the Modern Artists in the psychiatric asylum that also generated the Museum Osorio Cesar and a wealth of artistic and scientific experiences in Brazil that remains absolutely unknown to us Brazilians until the present day (Andriolo 2003, Carvalho RC 2016, Cesar O 1929, Bastide R & Cesar O 1956)

Another key historic author that has been pioneering the field of psychiatric art is the English psychiatrist Eric Cunningham-Dax who pioneered as the director of the Netherne Hospital (Surrey, England, United Kingdom) and after that he led what has been considered a world leading public policy of mental health promotion as the Chairman of Mental health

hygiene Authority in Victoria, Australia. He published in 1953 the book “Experimental Studies in Psychiatric Art” (Dax EC 1953), where he tells the story of the important contributions of the artist Edward Adamson (Adamsom 1880), hired by him to help to develop an art collection and perform research and studies with the patients and their expressive productions that ranged from visual arts to music, with concerts and workshops.



Adamson remained in the job for 35 years and became a pioneer in the field in England. The collection that comprises more than 6000 artworks today is under guard of the Wellcome Library. Dr. Cunningham Dax also published a book “From Asylum to Community”, in 1961 (Dax EC 1961) it reflected his work in the public system that transformed mental health services in community centers with art therapy strategies. In Victoria, Australia one can visit the Dax Centre (www.daxcentre.org) with a technical archive of more that 15, 000 artworks. The Dax experience constitutes perhaps the most successful public mental health promotion policy known up to date; it stays as an inspiration for mental health public managers worldwide.



The psychiatrist Jacob Levy Moreno working in Vienna and later in New York developed a method he coined “Psychodrama” that today is used in several countries, with effective results in psychiatry of neurosis and little investment and use in the psychiatry of psychosis, namely, the Psychiatric Hospitals. Moreno himself started this experience studying psychosis through theater with repeated positive clinical results he later expanded to a highly significant therapeutic method available today. (Moreno JL 1940)

In Jamaica, in the 1980s, the psychiatrist Frederick Hickling was appointed as Director of the Bellevue Asylum. Through his immersion in the theatre as a stage manager for the Jamaican National Dance Theatre, Hickling was able to integrate innovations in patient care. He was able to introduce a de-institutionalization and healing process that not only enhanced the expressive capacity of his patients but also opened the asylum to the community through art and culture, using theater languages such as pageants, public spectacles performed by the actors patients, regular workshops and performance inside the psychiatric hospital (Hickling F 2004).

The Transcultural Psychiatrist Jacques Arpin from Geneva, Switzerland, also developed a very significant clinical and theatrical experience working in different countries such as Brazil and the United States and in Europe. He proposes in a series of publications in the journal Transcultural Psychiatry the concept of “Masters of their Condition”, in the line of thought brilliantly constructed out of the field of “anthropology of theater and performance”, in collaboration with the Director Eugenio Barba (Odin Teatret, Denmark). Arpin argues that the patient be able to “master” his own performance, namely, transform the condition of a unconscious painful performance to a more clear and clean performance, with more understanding upon one’s own actions. (Arpin J 2003, 2008, 2014).

In line with the counterculture movements that affected Brazilian arts in the 1950s, the artist Lygia Clark emerged as an icon of experimentalism and the use of new forms, along with

other artists such as Hélio Oiticica, Amir Haddad and other artists that configured the later “Tropicalist Movement”. After extensive research and artistic experimentation, Lygia arrived at very interesting concepts, such as the statement that “there’s no art object, there are only relational objects”(Butler CH 2014). In order to exist, the object must always be in relation to someone, to some other thing, and she devoted herself to study the psychological reactions of volunteers that experienced the “relational objects” in a process that Lygia later synthesized as “Structuration of the Self” (Clark L 1984). The psychiatrist and artist Lula Wanderley and psychologist Gina Ferreira developed a 30 year-old clinical experience with the Lygia Clark’s “structuration of the Self, having both of them worked many decades with Nise da Silveira, the art critic Mario Pedrosa and also with Lygia Clark. Lula Wanderley in an interview he gave in 1984 declared that he transposed Lygia’s method into the clinic of psychosis and schizophrenia he has worked and maintained in the last 30 years (Clark L 1984), named The Space Open to Time, (EAT – Espaço Aberto ao Tempo). Lula published a book that systematizes the whole experience named “The Dragon Landed in the Space”, published in 2002, and widely used from mental health promotion to art disciplines in Brazil and in the USA (Wanderley L 2002). Gina Ferreira published another book “Conversando em Casa” about the different experiences she developed as therapist from this singular lineage and also as public manager in Rio de Janeiro State, always with brilliant insights and practical solutions (Ferreira G 2000). Besides having worked with the names cited above and being a practical continuator of the transcultural practices developed in Rio de Janeiro, Gina had the opportunity to work with Dr. Ronald D. Laing, a most eminent community psychiatrist that developed very important collective and communitarian experiences in mental health, as he and his colleagues from the Philadelphia Association in London, England, demonstrated clinical improvement through cultural and community strategies that generated worldwide admired experiences in community psychiatry (Laing RD 2013).

We believe that all of those experiences of these examples of innovative, documented, psychiatric interventions, shortly described above, reinforce the vital role of culture and art in mental health, calling our attention to a phenomena that has also been described with others perspectives, such as public health to be discussed below.

Public Health Promotion Through Art

The phenomenon of creative arts in health promotion has emerged currently as a more widely practiced therapeutic modality and area of study internationally. Countless initiatives occur spontaneously in health care services and communities and should be nourished and stimulated. Systematic reviews of the literature have been published in recent years reporting the benefits of music engagement, visual arts therapy, movement-based creative expression and expressive writing in different clinical scenarios such as diabetes, coronary artery disease, cancer, breast cancer, hemodialysis among others (Stuckey HL 2010).

Of note, we found this epidemiological study published in Sweden in 1996 reporting association of attendance of cultural events and a longer lifespan in a elderly population. This finding from a radically different perspective of art and health may help us to understand the health promotion effect of expressive arts we have been debating in this whole article (Bygren LO 1996).

After all those years of work in Engenho de Dentro, witnessing the work and involvement of literally thousands of people in the struggle for mental health, observing continuous practice of nearly one hundred groups working throughout the country, we were able to conclude that those who really committed to the methods and contents evolved significantly better in the long range. We have held a series of congresses and seminars that gathered masters of Brazilian health promotion such as Vera Dantas, Ray Lima and Junio Santos, a physician artist and two actors-poets that immediately recognized in Nise the same ideals and practices that connected them for more than 30 years of continuous work in Brazil (Lima R 2012, Dantas MJ 2015, Dantas VL 2009). Like them we formed, mapped and gathered many groups in Brazil in a network that we founded in 2010, the People's University for Art and Science (www.upac.com.br) (Pordeus V & Proença M 2016).

The psychiatric work devoted to mental health promotion such as Nise da Silveira's method might have a transformative effect in cultural practices of communities, revealing stories of the most severe and vulnerable patients through symbols and images that may inspire emotions and learning in the community, performing an authentic cultural movement that

produces the memory and historical understanding of communities, human communities, with common biologic and symbolic roots yet to be discovered and celebrated, the psychiatry of Nise, Perry, Jung connects to this vision, and restores the art of healing (Pordeus V 2014).

Silveira's Legacy in Contemporary Brazilian Psychiatry

Nise's legacy is the ongoing expansion of the Museum of Images of the Unconscious with its technical archive of 360 thousand works. She also founded in 1956 the Casa das Palmeiras (House of Palms), an outpatient clinic using the same expressive methods with uninterrupted work up to today, in spite of financial difficulties. In the same hospital, new programs have emerged, such as the Space Open to Time, a cultural psychiatry outpatient clinic led by the artist and psychiatrist Lula Wanderley (Wanderley 2002) for the last 30 years. Also at the same Engenho de Dentro Psychiatric Hospital the Loucura Suburbana carnival block, that parades on the street every year with up to five thousand people dancing and singing according to the Brazilian tradition (da Silva Machado AL 2010), and also, the DyoNises Theatre and Madness Hotel, a theatre and cinema group with an open, collaborative, free cultural centre occupying three old wards from the secular psychiatric hospital with 8 years of experiences with theatre and documentary movies (Pordeus 2015, 2016, 2017)

Along with that, the scientific theories that Nise developed, namely, the “Emotion of Coping” and the “Catalyzing Affection” keep being validated by different researchers that develop clinical practices related to expressive practices being able to help in the development of the patient through symbolic interventions, words, images, narratives, characters, performances, rituals, archetypes. A lot remains to be implemented in this field of transcultural psychiatry and public mental health promotion, such as schools for health professionals and artists interested in advancing this dialogue, development of community art schools with free training and collaborative production, always with proper methods for acting and explaining the findings in the community. We envision that this strategy is efficient to promote mental health and autonomy since it is situated within both the body and the mind of the actor, that acting properly will inspire others to join this practice, originating active cultural groups and actors engaged in community mobilization. This methodology represents, in our vision, a continuation of Nise da

Silveira's method for mental health, since it places improvisation with method as a central mechanism for accessing internal unconscious contents, being responded and transformed by the theatrical/ritual movements of dance, music and sung poetry. When the DyoNises Theater played Hamlet, the BBC network came to document the production and broadcast it internationally in April 2015, constituting a milestone of international communication in our work and research. (Tavener B 2015).

Currently this research is being advanced and developed Brazilian mental health researchers who have been dedicating their time and efforts towards Nise da Silveira's legacy. Some of them are: Walter Mello Jr (2009), Elizabeth Lima (2007, 2007) & Peter Pel Palbert (2007), João Augusto Frayze Pereira (1995), Edson Passeti (2002), Cristina Amendoeira (2006), Marco Lucchesi (2003), Eurípedes Gomes-Cruz Jr (2017), Bernardo Carneiro Horta (2008), Gladys Schincariol, Gustavo Henrique Dionísio (Dionísio 2001), Martha Pires Ferreira (Silveira N & Ferreira MP 2008), Gloria Thereza Chan (2009), José Otávio Pompeu e Silva (2006), Luiz Gonzaga Pereira Leal (1994), Jacileide Guimarães and Toyoko Saeki (2007), Felipe Sales Magaldi (2016), Paulo Amarante (2007) the former patient of Nise and Co-Author Milton Freire (Silveira N, Lucchesi M, Freire M, Correa R 1989), and the heir and director of the Museum of Images of the Unconscious Luiz Carlos Mello (Mello LC 2014, 2008), among others, have been publishing hundreds of papers and books on Nise da Silveira's art and science.

She has also been recently presented to cinematographic audiences in the movie internationally acclaimed "Nise: the heart of Madness" by the Brazilian director Roberto Berliner and great cast. (De Paula 2017) New generations of Brazilian mental health professionals must be attracted to this scientific vision of psychiatry and mental health.

New, old, psychiatry?

"It is a peculiarity very little studied that the unconscious responses to the violence invading from the external world, in schizophrenia, happen in the archaic language of symbols and myths. I believe that is an important question to be studied by the young psychiatrists, with no preformed prejudices."

Nise da Silveira (2006).

Current psychiatry is still dominated by a ‘Cartesian paradigm’, that considers the body as a machine, devoid of emotions, controlled by reason. Cartesian philosophy is known to be the conceptual basis of all scientific methods and explanations that came after René Descartes, influenced by his ideas. In the realm of mechanics and machines, indeed it was a huge success, incredible amounts of machines and technology exploded to all sides of human existence. Radical changes occurred in medicine and public policy of health, medicine developed incommensurably, medical specialties emerged, and each part is better studied separately. Isolate to understand (Pordeus 2016). Psychiatry and medicine along with mechanical and technological thought, also incorporated the inquisitorial vision of burning the devil, and developed the notion that we must defeat and defend ourselves against disease agents, such as miasmas and bad spirits, in past historical times, and bacteria, viruses and other bugs, in modern times (Pordeus 2013). Patients with chronic conditions should be purged from social environments to keep society clean and pure, as culminated in the end on nineteenth century and in the middle of the twentieth century, to favour natural selection with the fittest citizens of our modern cities. This line of reasoning is what justifies genocides up to today.

Nise da Silveira worked in one of those colony hospitals in the suburbs of Brazil. Due to her intellectual and ethical commitments, but above all, to her understanding of the situation, she was able to pursue systematic research work, and she found a thread of meaning in patient’s images and with the aid of her wide knowledge in arts, humanities and philosophy, from literature Machado de Assis (2015), from theatre Antonin Artaud (1958), from philosophy Spinoza (2006), Gaston Bachelard (1994), Merleau-Ponty (1996), Michel Foucault (2012) as well as psychiatry Karl Jaspers (1997), Hans Prinzhorn (2012), and John Weir Perry (1976).

Conclusion

We hope this review may inform and inspire researchers, artists, scientists, psychiatrists, physicians to integrate practices and experiences guided by the methodological principles described here. We have introduced to the work of Dr. da Silveira since she still is a virtually unknown author that performed an original and exemplary medical and scientific trajectory that only now starts to be published in English for specialized audiences. She is a paradigmatic case

of criticism, rejection, and reformulation of medical practice and psychiatric care, with 70 years of ongoing therapeutic-artistic experience.

It is important to note that the scientific underdevelopment of Brazilian public mental health policy today, based in high-dose psychotropic for everyone, observed by Nise as mega dose (Tomelin Jr N 2016), reminds us of the challenges of observing, documenting and developing therapeutic methods as practiced by Nise da Silveira, Carl Jung and John Weir Perry, that represent a paradigmatic change in psychiatry and psychopathology (Pordeus 2017). We believe that the transcultural psychiatry practice will naturally merge with fields such as theater, documentary cinema, images, visual arts and naturally the works of Silveira, Perry and Jung will be revisited and finally expanded to a public mental health perspective, namely, community psychiatry, cultural psychiatry actively engaged in image production for mental health promotion.

Silveira is aligned with what many authors of today name “systemic and historic biology”, where biological systems are approached through its history and network behaviour, in a systemic perspective (Maturana H & Mpodozis J 2000). This way of seeing applied to psychiatry produces clinical practices that are exemplified by the work of Nise. It emphasizes the spontaneous expression and the reading of the images produced by the patient and the group involved. It emphasizes non-verbal, contextual, relational, environmental modes of communication, that indeed reveal patterns of contents expressed by people, that serve as substrate to access and understand the history of the person, and its psychopathological process (Pordeus 2017, Pordeus V & Rosenberg L 2017).

Therefore, this method has special importance in the fields of psychiatric and also general medical semiology, medical and psychiatric diagnosis, mental health therapeutic approaches and health promotion. The most remarkable information remains the clinical response of patients diagnosed with the most severe forms of chronic psychosis, abandoned in decrepit public asylums in Brazil. Even today, the continuous work of one of us (Pordeus) with the same very population Nise worked, has generated rich and updated information and stories from the new Engenho de Dentro artists expressing the same archetypal contents documented by Nise, Perry and Jung (Os Melhores Atore do Mundo 2017).

This new-old scientific psychiatry, transcultural in nature, restores and reconnects with the healing arts tradition that Nise, Jung, Shakespeare, Goethe, Moreno and so many other authors developed. It remains a challenge for the new generations of physicians and psychiatrists to get to know this history and patrimony, an essential scientific step into a higher form of medical pedagogy, applying sophisticated methods involving art and science in order to penetrate in the internal worlds of those who suffer the so diverse forms of mental diseases.

CODA

“Our huge archive will be useless, it will be dead thing, if it is not researched. It is up to you this mission that demands young people with many years ahead. It will be necessary to take care, to defend this patrimony, to research, to develop our current research methods, making them more systematic and precise, always following the development of science, that never stops. You won’t lose time. These images, arisen from the unconscious, de primeval world, have many things to reveal about the dynamisms of psychic life and about the mysteries of creative activity.”

Nise da Silveira

Revista Quaternio (1973, p.136)

List of Publications by Nise da Silveira

Books

- 1- Essay on the criminality of the women in Brazil. Thesis presented to Bahia Medical School. Official State Press, 1926.
- 2- Jung: life and work. Currently in 10th edition. José Álvaro Editora, Rio de Janeiro, 1968.
- 3- Occupational Therapy – theory and practice. Casa das Palmeiras Edition, Rio de Janeiro, 1979.
- 4- The horses of Octavio Ignácio. Pictures of Humberto Franceschi. FUNARTE, 1980.

- 5- The Museum of Images of the Unconscious. Collection Brazilian Museums. FUNARTE 1980
- 6- The interpretation of fairy tales. Preface to the Portuguese edition of Marie-Louise von Franz, Ed. Achiamé, 1981.
- 7- Images of the Unconscious. Alhambra Editorial, Rio de Janeiro, first edition: 1981, third edition: 1987, fourth edition: Editora Vozes, 2015
- 8- House of the Palms [Casa das Palmeiras]: the emotion of coping. Coordination and preface of an experience in psychiatry, Editora Alhambra, 1986
- 9- The Bull's Spree – from sacrifice of the bull in antiquity to the bull's spree in Santa Catarina – Brazil. Publication of the Study Group C. G. Jung coordinated by Dra. Nise da Silveira, Numen Editora, 1989.
- 10- Artaud: the nostalgia of the more. A man in search of his myth. Numen Editora, 1989 – with Rubens Corrêa, Marco Luchesi and Milton Freire
- 11- The World of Images, Editora Ática, Rio de Janeiro, 1992
- 12- Letters to Spinoza. Numen Editora, 1995.
- 13- Cats: the emotion of coping, Léo Christiano Editorial, Rio de Janeiro, 1998.

Papers published

- 1- The mental state of aphasic patients. Revista de Medicina, Cirurgia e Farmácia, no. 101, Rio de Janeiro, 1944
- 2- Clinical concept of the wilsonian series. Revista Cultura Médica, no. 7 e 8, Com o Prof. A. Austragésilo, Rio de Janeiro, 1945.
- 3- Theoretical considerations about the therapeutic occupation. Revista de Medicina, Cirurgia e Farmácia, Rio de Janeiro, 1952
- 4- Contributions to the study of the effects of leucotomy on creative activity. Revista de Medicina, Cirurgia e Farmácia, no.255, Rio de Janeiro, 1955
- 5- Analysis of manual activities in drawing, painting, engraving and pyrography. Brazilian Journal of Psychiatry, N. 5, January, Rio de Janeiro, 1955.

- 6- The spontaneous art experience produced by schizophrenics in a service of therapeutic occupation. In collaboration with Dr. Pierre Le Gallais, presented at the II International Congress of Psychiatry, Zurich, Switzerland, 1957. Congress report, v.4, p.380-86, 1957. Translated into Portuguese in Quaternion Journal, N.7, C.G.Jung study group journal, Rio de Janeiro, 1996.
- 7- C. G. Jung and the psychiatry. Brazilian Journal of Mental Health, v.7, Rio de Janeiro, 1962-63
- 8- The symbolism of the cat. Quaternion Journal, C. G. Jung Study group journal, n.1, Rio de Janeiro, 1965.
- 9- In the Kingdom of Mothers: a case of schizophrenia studied through plastic expression. Brazilian Journal of Mental Health, v.9, Rio de Janeiro, 1965
- 10- 20 years of occupational therapy in Engenho de Dentro (1946-1966). Brazilian Journal of Mental Health, v.12, Rio de Janeiro, 1966.
- 11- A perspective on the psychology of C.G.Jung. Revista Tempo Brasileiro, n.21/22, Rio de Janeiro, 1970.
- 12- Herbert Read: in memory. Quaternion Journal, n.2, Rio de Janeiro, 1970.
- 13- Dionysus: a psychological comment. Quaternion Journal, n.3, Rio de Janeiro, 1973.
- 14- God-Mother. Quaternion Journal, n.4, Rio de Janeiro, 1975.
- 15- Retrospective of a work performed in the Pedro II Psychiatric Center in Rio de Janeiro. Annals of the XIV National Congress of Neurology, Psychiatry and Mental Hygiene. Maceió, Alagoas, Brazil, 1979.
- 16- Editorial: 40 years of the Museum of Images of the Unconscious. Brazilian Journal of Psychiatry, v.41, n.4, 1992.

Documentary Films

- 1- Images of the Unconscious: Trilogy in 16mm, directed by Leon Hirszman, produced from 1983 to 1986, screenplay by Nise da Silveira. First episode: In search of daily

- space, Fernando Diniz (80'). Second episode: In the kingdom of mothers, Adelina Gomes (55')(Ref 12). Third episode: The boat of sun, Carlos Pertuiss (70').
- 2- Postface Interview with Leon Hirszman (80') available online in Portuguese <https://youtu.be/EDg0zjMe4nA>
 - 3- The Star of Eight Points (12'): animation film by Fernando Diniz and Marcos Magalhães. Several international movie festivals prized, 1986.
 - 4- The Museum of Images of the Unconscious (19'), archive
 - 5- Affectivity in Schizophrenia (25'), archive MIU
 - 6- Abstraction and Geometrism (30') November 15th 1986.
 - 7- Mandala (30'), archive MIU
 - 8- Living the space (30'), archive MIU
 - 9- Effects of leucotomy on the Creative Activity (20'), September 27th 1983.
 - 10- Passion and death of a man (20'), May 20th 1981
 - 11- Emygdio – A Pathway to Infinite (45') November 11th 1984
 - 12- In the Kingdom of Mothers (45') March 31th 1981.
 - 13- Os Cavalos de Octavio Ignácio (30')
 - 14- Raphael (30'), archive.
 - 15- Archetypical Images (50'), archive MIU
 - 16- Archeology of Psyche (75') 1988.
 - 17- The innumerable estates of being (45') 1993.
 - 18- Rituals (55') 1990.

Exhibitions

- 1- First of the painting workshop, Engenho de Dentro Hospital, December 22nd 1946
- 2- Exhibition at the Ministry of Education and Culture, Rio de Janeiro, Brazil, February 4th to 23rd 1947
- 3- Exhibition at the Brazilian Association of Press, Rio de Janeiro, Brazil, March 24th to 31st 1947

- 4- Nine artists from Engenho de Dentro, Modern Art Museum of São Paulo, October 12th 1949. Curators: Leon Degand and Mario Pedrosa. From November 25th 1949 to January 1951 the same exhibition occupied the Noble Room of Rio de Janeiro Municipal Chamber.
- 5- Psychopathologic Art at the I International Congress of Psychiatry, in Paris, with 91 paintings and drawings and 9 sculptures, Paris.
- 6- Exhibition at the Museum of Images of the Unconscious May 20th 1952. Inauguration of the first installations of the Museum, Engenho de Dentro, Rio de Janeiro.
- 7- Brazilian Primitive and Modern Arts, Ethnography Museum Neuchatel, Switzerland, November 19th 1955 to February 28th 1956.
- 8- Exhibition at the Museum of Images of the Unconscious, September 28th 1956. Inauguration of the new site for the Museum, Engenho de Dentro, Rio de Janeiro.
- 9- Schizophrenia in Images at the II International Congress of Psychiatry, 1957, Zurich, Switzerland. Carl Jung himself inaugurated the Brazilian sector of the exhibition.
- 10- Four Artists from Engenho de Dentro, Modern Art Museum, Rio de Janeiro, August 13th 1970.
- 11- C.J. Jung 100th Anniversary, Modern Art Museum, Rio de Janeiro from June 5th to July 20th 1975; also realized at the São Paulo Assis Chateaubriand Art Museum; also at the Cultural Foundation of Federal District, Brasília; also exhibited in the Federal University of Paraná; and also in the Arts Palace in Belo Horizonte, Minas Gerais.
- 12- 30 years of painting by Carlos Pertuiss at the Museum of Images of the Unconscious, Engenho de Dentro, Rio de Janeiro, 1977.
- 13- Fernando Diniz: in search of the daily space, Sergio Milliet Art Gallery, FUNARTE, Rio de Janeiro, 1979.
- 14- Raphael Domingues: Drawings, Modern Art Museum, Rio de Janeiro, 1980.
- 15- Uncommon Art, Fundação Bienal, São Paulo, 1981.
- 16- Tradition and rupture, Ibirapuera Park, Fundação Bienal de São Paulo, 1984.

- 17- The Innumerable estates of the being – 40 years of experience in Occupational Therapy, Imperial Pace, Downtown Rio de Janeiro, from May 12th to June 14th 1987. Also exhibited in the Clóvis Salgado Foundation, Belo Horizonte, Brazil.
- 18- The Horses by Octavio Ignacio at the XII International Congress on Psychopathology of the Expression, Copacabana Palace, Rio de Janeiro, Brazil, 1988.
- 19- Universe by Fernando Diniz, Imperial Pace, XV Square, Downtown Rio de Janeiro, July 25th to August 31st 1991.
- 20- The Archaeology of the Psyche and Dubuffet and the “art brut”, France Brazil House, Rio de Janeiro, June 1993.
- 21- The innumerable states of being, Calouste Gulbenkian Foundation, Lisboa, Portugal, curator: Almir Mavignier, 1994.
- 22- The innumerable states of being, Latin Italian Institute, Rome, Italy, November 1995 to January 1996. Commemorating the 50th anniversary of United Nations.
- 23- Archaeology of the Psyche, Cultural Center of the Caixa Econômica Federal, Brasília, from November 17th to December 12th 1997.
- 24- Archaeology of the Psyche, Cultural Center of the Caixa Econômica Federal, Curitiba, Paraná, July 16th to July 30th, 1998.
- 25- Archaeology of the Psyche, Sofitel palace Hotel, Rio de Janeiro, April 21st to 24th, Brazilian Congress of Psychoanalysis, 1999.
- 26- Nise da Silveira and Carl Jung: The encounter, Rio de Janeiro, June 21st to 24th, 2000. Latin American Congress on Analytical Psychology.
- 27- Images of the Unconscious, Mostra do Redescobrimento, Ibirapuera Park, São Paulo April 25th to September, 2000.
- 28- Images of the Unconscious, Mostra do Redescobrimento, Imperial Pace, XV Square, Rio de Janeiro, October 18th to November 19th, 2000.
- 29- Images of the Unconscious, Mostra do Redescobrimento, Convento das Mercês, São Luís, Maranhão, Brazil, December 19th to July 31st 2001
- 30- Imagenes del Inconsciente, Fundacion Proa, Buenos Aires, Argentina, April 21st to June 17th 2001

- 31- 5 artists from Engenho de Dentro, Ministry of Health Cultural Center, Rio de Janeiro, 2002
- 32- Archaeology of the Psyche, Freud for All. Brazilian Association of Psychoanalysis, Santander Cultural Space, Porto Alegre, Rio Grande do Sul, Brazil, 2003
- 33- The Living Museum of Engenho de Dentro, Ministry of Health Cultural Center, Rio de Janeiro, Brazil, 2004
- 34- Images of the Unconscious: 100 years of Nise da Silveira, Oscar Niemayer Museum, Curitiba, Paraná, Brazil, 2005.
- 35- Nise da Silveira: Pathways of a Rebel Psychiatrist, Museum of Images of the Unconscious, Engenho de Dentro, Rio de Janeiro, Brazil, 2006
- 36- Pathways of Rebel Psychiatrist, Oscar Niemayer Museum, Curitiba, Paraná, Brazil, 2009.
- 37- The origins of the Museum of Images of the Unconscious, Museum of Images of the Unconscious, Engenho de Dentro, Rio de Janeiro, Brazil, 2011.
- 38- Spectres of Artaud. National Museum of the Queen Sofia, Spain, 2012
- 39- Raphael and Emygdio: two moderns from Engenho de Dentro, Moreira Salles Institute, Rio de Janeiro, 2012.
- 40- Raphael and Emygdio: Two Moderns from Engenho de Dentro, Moreira Salles Institute, São Paulo, 2013.
- 41- The Emotion of Coping, Museum of Images of the Unconscious, Engenho de Dentro, Rio de Janeiro, Brazil, 2015.
- 42- Occupation Nise da Silveira. Bank Itaú Cultural Center, São Paulo, SP, Brazil, 2017/2018.

Institutions created referring to Nise da Silveira

1. Museum of Images of the Unconscious, Rio de Janeiro, Brazil.
2. House of Palms (Casa das Palmeiras), Rio de Janeiro, Brazil.
3. C. G. Jung Study Group, Rio de Janeiro, Brazil
4. Society of Friends of the Museum of Images of the Unconscious, Rio de Janeiro, Brazil.

5. Association Nise da Silveira Images de l'inconscient, Paris, France.
6. Museo Attivo delle Forme Inconsapevoli – Museo Claudio Costa, Genova, Italy.
7. Nise da Silveira Study Center, Juiz de Fora, Minas Gerais, Brazil.
8. Bispo do Rosario Contemporary Art Museum, Juliano Moreira Colony, Jacarepaguá, Rio de Janeiro, Brazil.
9. Space Open to Time – Dr. Lula Wanderley
10. DyoNises Theater, Rio de Janeiro, Brazil and Montreal, Canada.
11. People's University for Art and Science, Rio de Janeiro, Brazil and Montreal, Canada.
12. Madness Hotel and Spa (2012-2016), Rio de Janeiro, Brazil.
13. NAVE NISE – new site for the Madness Hotel (2016-), Méier, Rio de Janeiro, Brazil
14. Therezinha Moraes Theater Clinic Community, 2018, Rua Maranhão, 382, Méier, Rio de Janeiro.

PART 1

Chapter 3:

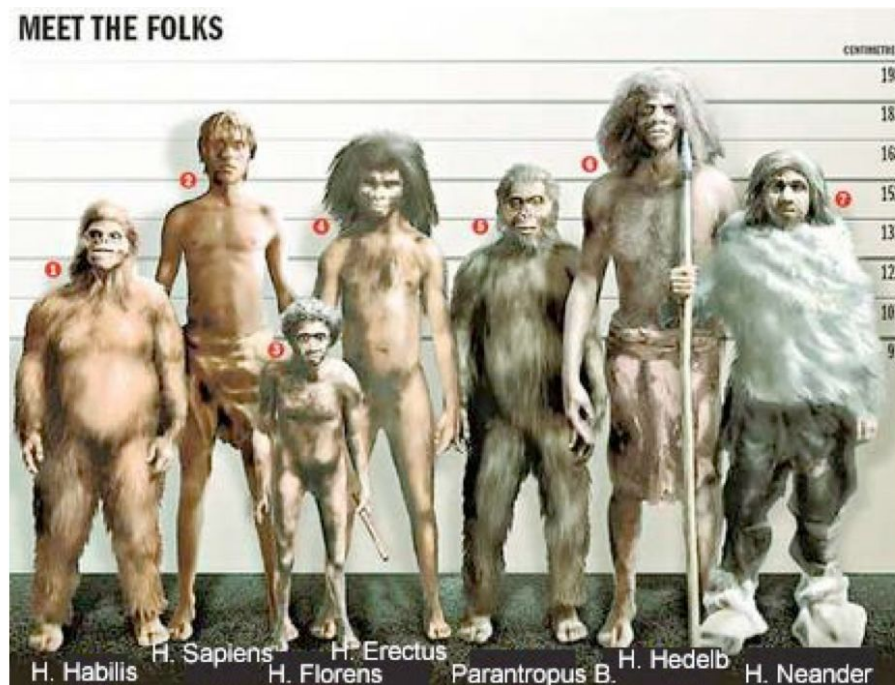
**THEATER AS A PUBLIC
POLICY FOR MENTAL HEALTH
PROMOTION: A NINE-YEAR
EXPERIENCE IN RIO DE
JANEIRO, BRAZIL**

"It is good to remember always that playing is itself a therapy. To arrange for children to be able to play is itself a psychotherapy that has immediate and universal application, and it includes the establishment of a social positive attitude towards playing."

Donald Winnicott, Playing and reality, 1971, Routledge p. 67

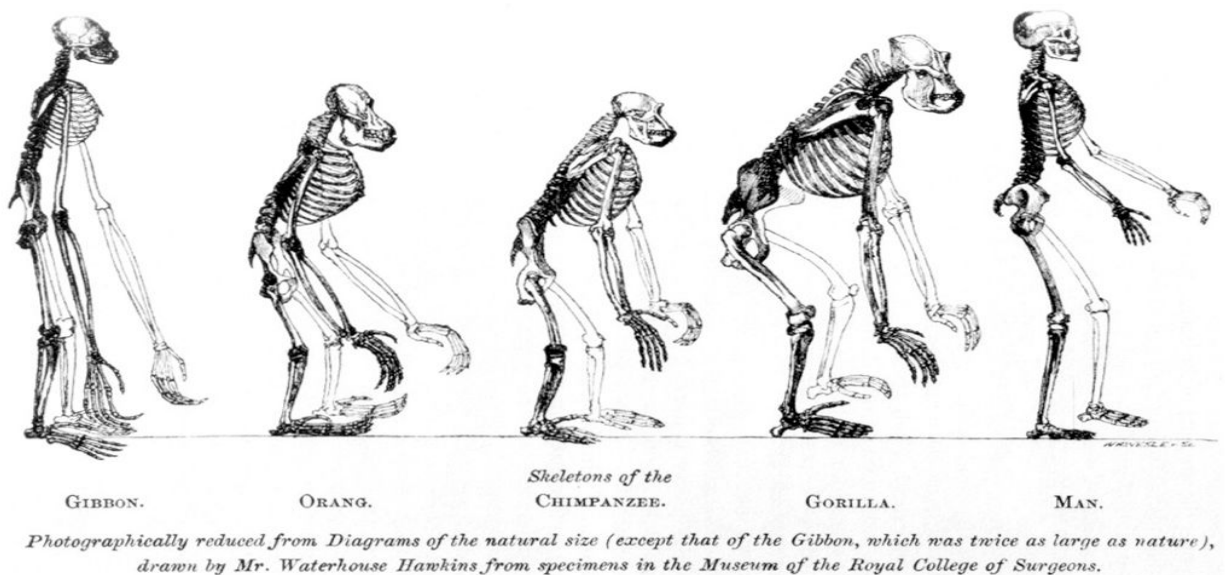
INTRODUCTION

The theater is one of the oldest cultural traditions of mankind. From primordial times, the mimic gesture and dance became one of the most elementary forms of communication (Silveira N, 1992), elaborated at some point in the history of hominid evolution initiated about three million years ago, when the first ancestors diverged from chimpanzees and gorillas, our closest relatives who remain in our place of origin: the African jungles (Maturana, From Biology to Psychology, 2006).



The great primates within those forests co-evolved with the whole environment and came to inhabit the free and unobstructed landscape of the savanna. They went in small groups, led by the females, they were gatherers and hunters. They acquired the ability to walk in a bipedal position, one of our first cultural conquests. Without culture we would have continued to be quadruped: the development of bipedalism by our ancestors, the great primates, is totally

cultural, coevolutionary with the geological and geographical transformations that our history witnessed. We dominated the fire, played, danced, mimed, we developed frontal sex from the heritage of collective sexuality. Our ancestors co-evolved into a loving mode of life, with the pleasure of company, humor, joy, hope and the community, cooperative mode of living to overcome the immense environmental difficulties for our healthy living. (Maturana, 2006).



We started to use necklaces of beads (Bednarik, 2008), we starting painting on the walls and we begin to become more and more interested in the environment, to identify their forces,



their rhythms, their regularities. We invented agriculture, fermented beverages, wine, the altered state of consciousness, the production of unconscious images, revealing hidden dimensions of reality that the senses insist on disregarding. The revelation of the inner God arises (Kereny, 1996).

Dionysus, God inside.

God Entheos, enthusiasm, the God Dionysus, was destined to assume the human form to reveal himself to men as god (Euripides, 424 a.C.). Rites arise, the first organized systems of knowledge (Perry JW, *Roots of Renewal in Myth and Madness*). Our first computers are the rituals where the deepest information of ontological, epistemological, mythological, collective, religious, profound and unconscious memory that makes a retelling of the evolution of life, the permanent rebirth (Kereny, 1996) Dionysus it is the god of renewal, always reborn, in each spring, in each cycle of fertility of the soil, of the production of grapes and wine, the entheogen, which gives access to divine grace. In all the primordial civilizations of the Earth, in Africa, in America, in Asia and in Oceania we see that god rumor, that god manifestation that arises in the body of those who sing and dance, who worship natural forces and renew, renew their culture and their millenary existence on Earth (Silveira N, *The mythic theme of Dionysus, Imagens do Inconsciente*, 1977).

From the mysterious rites of millions of years we can only relive traces of their origin when we listen to music, see a painting or go to the contemporary theater. In the classic book *The Birth of Tragedy*, Nietzsche describes the evolutionary history of the ancient mysterious and universal rites of humanity in the theatrical and cultural form that marked the rest of our lives in



the West: the tragedy (Nietzsche, 1992).

Tragedy, from the Greek *tragos* (goat) + *oidea* (song), the song of the goat, makes a direct reference to the bleatings of animals sacrificed to nature in sacred rituals. On a psychological level, it means the permanent and growing effort of

humanity to master its animal impulses, its excesses, its madness. The relationship with nature is

structured with the development of the ritual function, the identification of the ritual function, the identification of regular forces, the formulation of rhythms, rites, repetitions, rhymes, melodies, songs, verses, poetry, and finally verbal language (Silveira N, 1992).



Tragedy.

The tragic rites, which are the basis of the theater, originated in African, Middle Eastern and Mediterranean cultures, where polytheism and animism predominated and there was a rich ritual tradition already organized in religions, worldviews and mythologies. The Dionysian religion was one of the most important in the ancient Mediterranean world (Ehrenreich B, *Dancing in the streets*, 2006) and originated in the rites of previous generations that remain mysterious. Dionysus, also known as Zagreus, is the son of Persephone, the spring and mistress of hell and the dead, and Zeus, God of the Gods (Kereny, 1996).



Appointed to replace his father in the leadership of the Gods of Mount Olympus, Dionysus is torn apart alive by the Titans, commanded by Hera - his jealous and repressive stepmother. The aunt, Athena, goddess of wisdom,

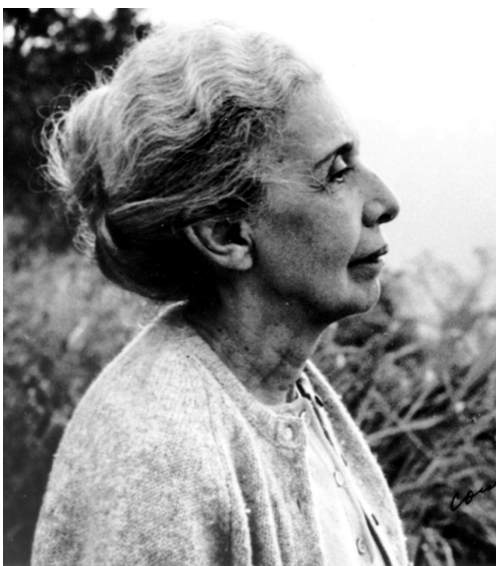
intervenes quickly and saves the heart of Dionysus, with whom she prepares a potion and gives it to Zeus. Zeus makes another of his lovers, the virgin princess Semele, daughter of Cadmus, founder of Thebes, drink the potion and get pregnant again of the new incarnation of Dionysus, who then lives his rebirth in Greece, assuming the human form to reveal himself to Men like God.



Karl Kerényi observes that the origins of the god Dionysus Zagreus goes back to the rituals of hunting and human nutrition, when the hunter posed as animals, represented them, dressed their skins in a ritual to obtain the grace of their sacrifice. Zagreus means hunter (Kerényi C, *Dionysos*, p.80). Dionysus typifies the myth of permanent death and rebirth, constant renewal of life, along with the cultural traditions that are repeated from generation to generation.

Nietzsche observes that all the famous heroes of Greek tragedy are variations of the myth of Dionysus.

"But with equal security it is legitimate to say that never, included Euripides, Dionysus left to be the tragic hero, and that all the famous figures of the Greek scene, Prometheus, Oedipus, etc., are only masks of that original hero, Dionysus. "(Nietzsche F, p.66).



Nise da Silveira and the Engenho de Dentro Psychiatric Hospital, Rio de Janeiro, Brazil.

The famous psychiatrist Nise da Silveira, working in the Engenho de Dentro Psychiatric Hospital, was able to document the presence of images with clear Dionysian

motifs in the spontaneous plastic production of schizophrenic patients with long term hospitalization. In his first book, *Imagens do Inconsciente*, she says:

*"If I could find the pagan God Dionysus buried under two thousand years of Christian culture in the wonderful mosaic in honor of that god, in the archaeological excavations of the Cologne Cathedral (Germany), there is a curious parallel to seeing the appearance of that God in the images and delusions of chronic psychotic patients in Engenho de Dentro, also buried under more recent layers of consciousness, but in pathological situations emerging with intense force and drama. Proving that Dionysus, in fact, is an eternal force, a god. "(Silveira N, *Imagens do Inconsciente*, 2015, p 270).*

The appearance of the archetype of Dionysus in the paintings, drawing and delirium of patients in the oldest Psychiatric Hospital of Brazil was widely described and debated by Nise da Silveira in the chapter "The Mythical Theme of Dionysus", in her first book published in 1977, *Images of the Unconscious*. Nise confirmed experimentally the scientific theories proposed by her professor and former personal tutor, Carl Jung, with whom she worked for two years in Zurich, Switzerland. Jung affirmed that the archetype of Dionysus is one of the most abundant in the processes of mental illness (Silveira N). Dr. Nise herself performed several theatrical experiments during her work at the Engenho de Dentro Psychiatric Hospital. In 1969 he made a dramatized reading of the play *The Bacchae* by Euripides (402 B.C.), the most important document on Dionysian religion that survived the passage of time. And the paintings and designs of the patients leave no doubt about the presence of the Dionysian archetype, due to its abundance and recurrent characteristics.



DyoNises Theater

At the beginning of the Expressive Action Workshop in March 2011, at the same Engenho de Dentro Psychiatric Hospital where Nise worked, since 2000, after her death in 1999, Nise da Silveira Municipal Institute. I was able to verify the appearance of the same images of Dionysian character, the parties, the dances, the mimic patterns, the masks of the Bacchic culture, the grotesque in our theater workshops, of all the popular culture that, as I will explain and demonstrate next with our documentaries, marked the theatrical language and the method of work that we have systematically developed since 2009 within the Psychiatric Hospital. We presented *The Bacchae*, by Euripides, in 2013 performing great rehearsals and shows with the glorious participation of a great cast of actors, among whom Reginaldo Terra, a survivor of the Brazilian psychiatric system who played Dionysus in a total and brilliant way, genial.



With the completion of the theatrical process of *The Bacchae*, we continued our work of researching the junguian archetypes in mental illness through theater and we feel the need for the action of a powerful Apollo, who would be able to convert the Dionysian energy mobilized in the hospital with the psychiatric patients, as well as the actors and artists who collaborated with the process. At that moment we began the process of working with the play *Hamlet*, by William Shakespeare, which would lead us to a superior understanding of the methodical process of theatrical practice, of immense importance in the promotion of mental health for our actors and the people of the community involved in the creative process.



Hamlet, madness yet there's method in it, DyoNises Theatre, 2014-2015

In Hamlet, act III, scene 2, I believe that there is one of the most complete and ingenious descriptions of a theater method to play as a scene, when Prince Hamlet gives the famous theater class to the actors who have just arrived in the Kingdom. I select here some sections that I think are the most direct:

“Speak the speech, I pray you, as I pronounced it to you, trippingly on the tongue: but if you mouth it, as many of your players do, I had as lief the town-crier spoke my lines. Nor do not saw the air too much with your hand, thus, but use all gently; for in the very torrent, tempest, and, as I may say, the whirlwind of passion, you must acquire and beget a temperance that may give it smoothness. O, it offends me to the soul to hear a robustious periwig-pated fellow tear a passion to tatters, to very rags, to split the ears of the groundlings, who for the most part are capable of nothing but inexplicable dumb shows and noise: I would have such a fellow whipped for o'erdoing Termagant; it out-herods Herod: pray you, avoid it.”



“Be not too tame neither, but let your own discretion be your tutor: suit the action to the word, the word to the action; with this special o'erstep not the modesty of nature: for anything so overdone is from the purpose of playing, whose end, both at the first and now, was and is, to hold, as 'twere, the mirror up to nature; to show virtue her own feature, scorn her own image, and the very age and body of the time his form and pressure. Now this overdone, or come tardy off, though it make the unskilful laugh, cannot but make the judicious grieve; the censure of the which one must in your allowance o'erweigh a whole theatre of others. O, there be players that I have seen play, and heard others praise, and that highly, not to speak it profanely, that, neither having the accent of Christians nor the gait of Christian, pagan, nor man, have so strutted and bellowed that I have thought some of nature's journeymen had made men and not made them well, they imitated humanity so abominably.”

“O, reform it altogether. And let those that play your clowns speak no more than is set down for them; for there be of them that will themselves laugh, to set on some quantity of barren spectators to laugh too; though, in the meantime, some necessary question of the play be then to be considered: that's villainous, and shows a most pitiful ambition in the fool that uses it. Go, make you ready.”

I think that this description of Shakespeare was exactly the kind of theater proposed by Brecht, Boal and, before them, all the actors of popular culture, the street singers, the repentistas and improvisators, the singing poets, the reciters, the troubadours that go back to all the actors of the world, beginning with Thespis, the first actor of Greece, that arose from the Dionysian pageants of the streets and squares, of the feasts of fertility, of the carnivals of all times , of the dreams of summer nights.



“Madness, yet there’s method in it” Shakespeare in Hamlet

Our theatrical repertoire diversified. Under the Shakespearean spirit of “the world is a stage and every human being is an actor”, we accepted contributions from everybody, which I always tried to encourage by means of the stimulation to the expression and the reception of all the manifestations. Over the years I learned to value much more the improvised performances of patients as a means of accessing the contents of the collective unconscious, among which are the most memorable interpretations that I carry in my memory, but better we have been blessed with the possibility of documenting great part of our work in Films and reports listed and discussed below. We learned together, we grew together, we developed as actors together and

simultaneously. That is one of the aspects of ancestral restoration that we made with the experience of DyoNises / Hotel da Loucura, as we used theater as the art of the actors, who, together and self-managed, made a superior show of human, ethical and aesthetic, experience. Through the work developed in the Madness Hotel we recover the true festive aspect, commemorative, with joy, wine and party, returning to the origins of the carnival of the Dionysian pageant, which is the original form of the theatrical rite. As affirmed by Amir Haddad (personal communication): "The pageant is a mobile spectacle. It comes from infinity and returns to infinity, it is the basic form of spectacle." As documented by 19.000 photographs and over than 200 documentary films, we developed the regular practice of conducting pageants and theatrical processions in the neighborhood of Engenho de Dentro and in the open areas of the old Psychiatric Hospital, liberating the creativity of the client-actors and allowing their engagement to the whole community's public space, an important aspect of re-socialization, and we should note the particular enthusiastic response of the most severe psychosis cases from the hospital, cases of difficulties in relationships, aggressivity, seemed to find in our theater a suitable vehicle of expression to their powerful unconscious forces. This has very important implications for mental health care, since all this process happened inside the oldest brazilian psychiatric hospital, an abandoned building complexes, still being partially used for the care of patients with chronic and acute psychosis from the public system of Rio de Janeiro. Through the kind of work we are describing we could transform this community, generating active cultural groups formed by patients, artists, artists-patients, and patients-artists, all kind of people, and we verified continous growth of the community involvement of the community up to now as we are starting the Theatre Clinic Therezinha Moraes, in the neighborhood of the Hospital.

“THE CHALLENGE IS LANGUAGE NOT THE MESSAGE “

AMIR HADDAD, Rio de Janeiro, Brazil.



Amir Haddad and Tá Na Rua.

In the field of contemporary theater, our main reference is the actor and director Amir Haddad, who personally contributed with the experience of the Madness Hotel. Tá Na Rua (It's on the Street), a group he founded in 1980, is a unique experience in the fields of theater,



performance and democratic language in public space (Pordeus V, 2007).

As well as Nise da Silveira in cultural psychiatry, Amir Haddad gives immense importance to improvisation in theatrical performance, that is, to permanent dialogue and the ability to reformulate, change of opinion in scene, which reveals another synchronicity between these two different experiences of Amir and Nise, object of more and new research. From the study of the language of street theater, under the guidance and with the permanent collaboration of Haddad, we resorted to the definition of an actor of the Commedia

dell'arte, a great European tradition of theater at the end of the Middle Ages and the Renaissance: "the actor is who composes what he presents, even at the moment he presents it. "(Rudlin J, 1994).

With the exhaustion of the scenic possibilities of the spectacle houses, the development of an adequate and efficient language for the occupation of public spaces becomes strategic. After the experiences with the Teatro Oficina in São Paulo, which he founded together with José Celso Martinez Corrêa and Renato Borghi, and the subsequent founding of the theater school of the Federal University of Pará, in Belé, north of Brazil, Amir realized that it was necessary to advance even more in the development of the theatrical language to satisfy his desire for democracy and freedom within the theater at least. In 1980, Amir Haddad, along with other actors such as Rosa Douat, Ricardo Pavão, Lucy Mafra and Betina Waisman, founded the Tá Na Rua Group, which gave rise to a systematic experimentation and continued work in the field of theater and public arts in the last 37 years. And Tá Na Rua developed collectively, under the guidance of Amir, a language for the theater that reveals itself as a reunion with the theatrical tradition itself, since it takes the actor and the show to the open spaces, to the public squares, the streets, the public spaces in general. In the words of Amir: "It is the theater without architecture, dramaturgy without literature and actor without paper. It is the language of all times since the beginning of humanity. " (Haddad A, 2006).

Junio Santos, Ray Lima and Vera Dantas: Movimento Escambo Livre de Rua.



In the living construction of our method of working with theater, performance, the language of open spaces and public art, we also had the contribution of the fundamental experience of the Movimento Escambo Livre de Rua (Street Free Trade Movement) and its founders, the actors and poets June Santos and Ray Lima and the doctor in collective health, community physician and actress Vera Lucia de Azevedo Dantas. Escambo Livre de Rua has systematically carried out, since the 1980s, theater meetings in various cities of in the remote areas of Northeastern region, such as the Sertão¹ in cities like Janduís, Caicó, Mossoró and Jardim de Piranhas, and also the Cariri region, considered one of the richest regions in terms of theater and dance traditional languages in Brazil. Where the medieval Iberian, indigenous and Afro-Brazilian collective ritual traditions are still alive, in communities preserved through centuries of struggle and resistance against generally violent and corrupt colonial authorities.



From this context of immense cultural wealth originated in the cultural resistance of the ancestral peoples emerged three great artists of theater, poetry and medicine. June Santos, Vera Dantas and Ray Lima developed the language of dialogue and truly public theater, which works with the culture of cantiga (sang poetry) and dance, with dialogue between languages, the method of collective construction in art and in the culture. Ray Lima (<http://wwwcenopoesiadobrasil.blogspot.ca/>) created the word "CENOPOESIA" "SCENOPOETRY" (Dantas MJ, 2014) to exemplify this dialogue between the languages of poetry, theater, music and dance, in the improvisation, in construction and in collective

observation. And, in fact, it is a restoration of the poetic language of collective communication that in turn is a restorer of mental health and opens powerful possibilities of dialogue for the construction of a culture of democracy and integration. We can affirm that the Movimento Escambo Livre de Rua and the "scenopoetic" language were and are sources of inspiration and useful tools for the construction of the theatrical spectacle and the improvement of the level of mental health of the actors who are being trained. (Dantas VLA, 2009).

DOCUMENTARY FILMS AS PSYCHIATRIC RECORDS. THEATRICAL PERFORMANCES AS HEALING RITUALS.

We started our workshops and theatrical performances in March 2011 at the Nise da Silveira Mental Health Institute, Engenho de Dentro, Rio de Janeiro, Brazil. We insert ourselves in the history of that tradition of healing, of art and psychiatry, of that lineage that flourished in the swamp of the hospice, to the history of the community of Engenho de Dentro and that population that involves a very complex historical social situation, typical of the historically oppressed brazilian people. We make documentaries, fundamental artistic-scientific records for the transmission of these results, which we will describe below.



Clients and Friends, 2012. 17 minutes. Director: Luiz Santos, Recife. Edition: Douro Moura, Brasília.

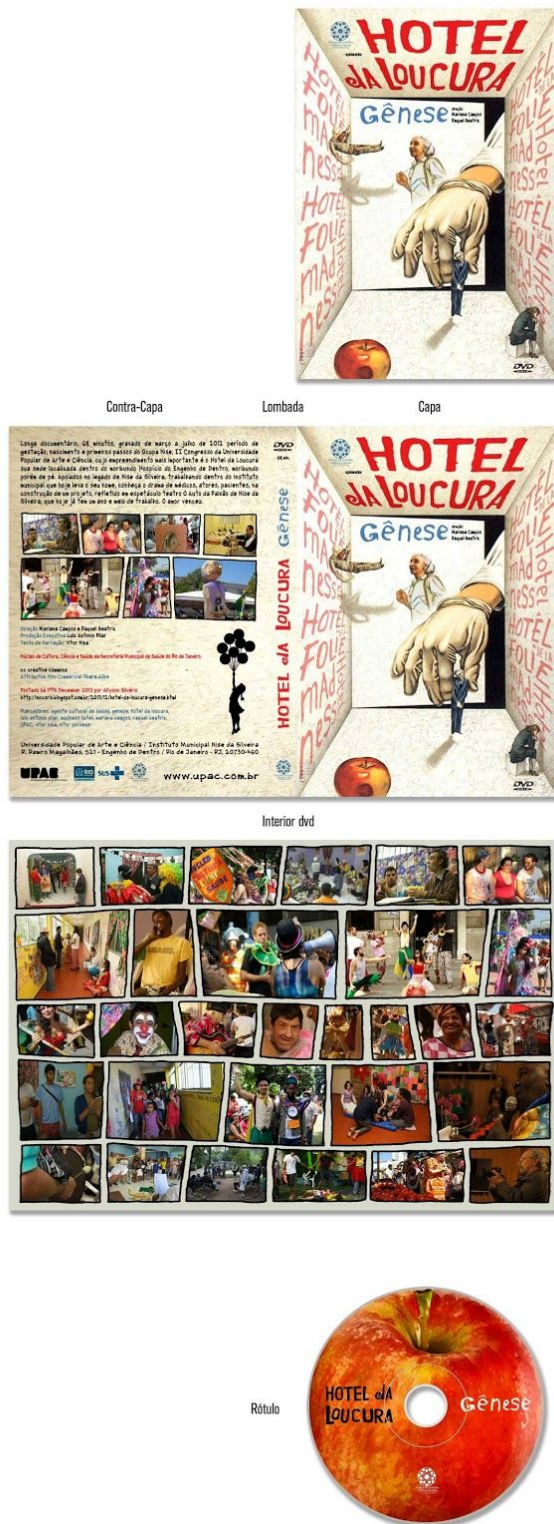
The first movie we got involved was the short film *Cientes e Amigos* (Clients and Friends). This film documents the foundational workshops of our work process at the Nise da Silveira Municipal Institute. *Cientes e Amigos* was produced in

collaboration with Recife artist, photographer and filmmaker Luiz Santos, who worked on an exchange at our Institute.

Available online:

<https://vimeo.com/89141884>

In this film, the final scene registers the important evolution of a client-actress who, throughout her evolution of years, presented selective mutism and in our workshop it was verified and documented, that she should sing, talk and perform. Since 2011, she regularly participates in our pageants, presentations and workshops. How to explain that psychiatric patients with severe illnesses, abandoned within sad and precarious institutions, which are public asylums, can, through simple spaces of creativity and free expression, with music, dance and theater, break the silence of years marked by the lack of affection, of emotional and creative stimulation, of "catalytic affection", as formulated by Dr. Nise. After numerous clinical and artistic observations, Nise concluded that for the best evolution of the schizophrenic patient it was necessary the accompaniment of their spontaneous activities by a monitor that should not interfere in the production, receiving, supporting, stimulating the relationship, building bonds of affection and sincerity, literally saviors of the conscience in severe psychic illnesses, as it happened in the cited case, in which the patient



evolved during years in almost communicable state and one day, in a theater workshop, he began to sing because he felt stimulated and welcomed, we observed this clinical phenomena hundreds of times throughout the years of work at the Madness Hotel. I think this demands a deep reflection on a practical experience for the subject of mental health care. How can we better promote the mental health of our patients and societies?

Hotel da Loucura Gênese. Rio de Janeiro, 2012-2013. 72 minutes Direction: Mariana Campos and Raquel Beatriz. Production: Luiz Antônio Pilar.

The second most important film in our history was the documentary film Hotel da Loucura Gênese (Genesis Madness Hotel), made by the sensitive young Rio de Janeiro filmmakers Mariana Campo and Raquel Beatriz, with executive production by actor and director Luis Antônio Pilar, a great supporter of our initiative. That film was recorded during the occupation processes of Hotel da Loucura, when we set up O Auto da Paixão da doutora Nise da Silveira (The miracle play of Dra. Nise da Silveira). That play staged an explosion of knowledge from the meeting of teachers of culture and science, such as Ney Matogrosso, Amir Haddad, Nelson Vaz, June Santos, Ray Lima, Vera Dantas, Edu Viola, Vitor Nina, Lourdes Calheiros and many other collaborating actors united in the spirit of the art of healing, who performed the opening rituals of the second congress of the People's Universidade de Arte e Ciência (UPAC) (www.upac.com.br). The UPAC is a collaborative movement of art and science created by that group in 2010, within the project of my management in the Municipal Health Secretariat of Rio de Janeiro after I founded the Center for Culture, Science and Health in 2009. This documentary, recorded in 2012 and launched in 2013, featured several public exhibitions and is available at: <https://youtu.be/LW-jXLpUXjs>



It is one of the most important documents in our history, with the record of many situations of mental health care mediated by theater, music, dance and poetry. The successful experience portrayed in the film was possible thanks to the opportunity we had to gather a powerful team of acting masters and healers capable of developing intense dialogues with



diverse characters present in the territory of the Psychiatric Hospital of Engenho de Dentro. Former clients of Dr. Nise, such as Milton Freire, who is now 70 years old, and also Gilson Saldanha, allowed us to enjoy a rich coexistence, enabling a profound learning about the "Nisean" method of the "emotion of coping" (Silveira N, 1977). The artistic evolution is an excellent

object of psychiatric semiology, better than the repetitive, exhaustive and inefficient structured questionnaires of the normal psychiatric anamnesis. This was shown by Nise with the painted images and we verified it through the theater. The film *Hotel da Loucura Gênese* is a beautiful document about our first great collective rite of passage towards the art of healing.

Hotel Loucura. Rio de Janeiro, 2013. 10 minutes. Direction: João Pedro Gasparian, Antônio Porto Equi and Tomás Camargo.

With the development of our workshops and performances within the psychiatric hospital, we observe a growing mobilization of artists and professionals of culture. Young filmmakers from Rio de Janeiro, such as João Pedro Gasparian, Antonio Porto Equi and Tomás Camargo, worked and collaborated autonomously and free for four years, producing excellent materials that document our experience in this space of such oppression, facing all kinds of difficulties, from the bureaucratic inefficiency until sabotage by sectors interested in maintaining the status quo. The movie is available online at: <https://vimeo.com/70401997>.

Afete-se - Ocupa Nise 2014. Rio de Janeiro, 2014. 14 minutes. Direction: João Pedro Gasparian, Antônio Porto Equi, Lucas Noleto, Liz Tibau and Gê Vasconcelos.

The same group of filmmakers produced this poetic film, a document of the images we produced from our coexistence in Engenho de Dentro during the Occupy Nise of 2014, the largest in our history, when public performances were held with 450 actors from all backgrounds and diagnostics, from all regions of Brazil together with the local community. On that occasion we had great healing rituals to keep the course and the cohesion of the work, which is still alive and will always be alive through our methods and ancestral contents in permanent theatrical ritualization. Watch the video at: <https://vimeo.com/123523362>

Seven films about the DyoNises Theater and the SHABESS method of theater and psychiatry. Rio de Janeiro, 2014-2016. Direction: João Araújo



The creative genius of many citizens, with or without a diagnosis of mental illness, flourished in our collective work, method and dramaturgy. Certainly, the biggest and brightest example of our trajectory is the multiartist João Araió, from Parnaíba, Piauí, based in Rio de Janeiro. João arrived at the Hotel da Loucura writing poetry and doing photography, quickly evolved towards acting, played Hamlet, traveled with the show, began producing documentaries about the experiments-shows of our method and repertoire and produced unique sets of rare originality, of immense value aesthetic and ethical, beauty and honesty, an artistic and documentary testimony of our experience of communion and construction of a theater method for all people, but especially for those endowed with unimaginable creative abilities, forgotten within the chemical gates of the system of mental diseases. Through his films, João perpetuated the period of construction and restoration of the theatrical repertoire that we have been working in the last years, through the SHABESS method, which we developed to systematize the study and practice of playing seven fundamental authors for the construction of an efficient theatrical language that may be useful in promotion of mental health.

The first of them is the Greek playwright Euripides, who among several tragedies bequeathed us *The Bacchae*, written in exile in Macedonia, in 402 BC, and which narrates the return of Dionysus, god of theater, wine and madness, to his native city, Thebes. The second

dramaturgical content is that of the French actor and psychiatric patient Antonin Artaud, an



intense actor and scholar of the theatrical rite, of alchemy and human cultural traditions, author of various works of indispensable value to the psychiatrist-actor. The third is William Shakespeare, with special emphasis on Hamlet, as discussed above.

The fourth is Bertolt

Brecht, who in his *Life of Galileo* discusses the theater of a scientific era and draws up a clear diagnosis of the political situation in the seventeenth century, which has disconcerting parallels to contemporaneity. The fifth dramaturgical content was dedicated to Amir Haddad, Junio Santos and Ray Lima, the living ancestors of public art, when we should ideally go to the streets and squares to practice public performances. The sixth dramaturgy is by Dr. Nise da Silveira herself, when we play the songs and poems of our repertoire about her. Finally, the seventh dramaturgical phase addresses the philosophy of Baruch Spinoza, God is nature, the notion of totality, the genres of knowledge, joy and pleasure as vocations to live.



The initials of the seven authors aligned produced the acronym SHABESS, which in Yiddish, the language of the Jews of Eastern Europe, means Saturday, the seventh day, the day of rest, the day of healing. This synchronicity has proven to be useful in the practice of promoting health and culture.

Movies can be found and seen on the Hotel Loucura Channel on Youtube channel. The titles are:

1- SHABESS: or method da loucura teaser (SHABESS: the method of madness teaser), 40 seconds, 2014: <https://youtu.be/aPcJKhiV1hA>

2- SHABESS: or method da loucura (SHABESS: the method of madness), 27 minutes, 2014: <https://youtu.be/dk9cS77jNe0>

3- O Afeto é o Centro do Universo (Affection is the center of the universe), 22 minutes, 2015: <https://youtu.be/UdRPOhGsMtM>

4- SHABESS - Ritual Theater: from Dionisos to Spinoza, 32 minutes, 2015: https://youtu.be/acaj8Xw_-ZA

5- Teatro de Dyonises goes to Cidade Tiradentes , 12 minutes, 2016: <https://youtu.be/QYafsk6SDoc>

6- Madness yet there's method on it, 59 minutes, 2016 https://youtu.be/8Nhq_sAApOo

7- “Vai Galileu” Cartarse, 3 minutes, 2016 https://youtu.be/96MXdRl_A4o

Madness Hotel Films Channel on YouTube:

<https://www.youtube.com/channel/UCk7iOL1cF1-L2qCYyilPgYQ>

A special thanks to the genius, sensitivity and skill of João Araió, who documented and perpetuated these documents of rare emotion for our practices and theories.



Hamlet, the method of madness: the play is the thing (several movies, 204-2017)

After the performance of the play *As Bacantes* (photographic record at: <https://www.flickr.com/photos/tupinago/albums/72157633604372985>), in cooperation with the Tá Na Rua Institute, in Cinelândia, a traditional street theater stage and epicenter of the political demonstrations of Rio de Janeiro in 2013, we obtained a very intense response from Dioniso regarding the theatrical process of the development of the actors-patients. It was clear that the

Dionysian archetype had manifested and expressed strongly in our collective with the memorable performances of actor Reginaldo Terra in the role of Dionysus.

Thus, we feel the need to advance in the process of collective archetypal equilibrium, taking our most daring step with the assembly of the play Hamlet, by William Shakespeare, which we had already been working on in the workshops. Hamlet brought inside of him, the instructions of how to play as discussed before, and brought also that it is a stable method, so we started connecting different actors, poets and authors with the same discussion. In that work we have the contribution of the young filmmaker Luis Eduardo Mafra, who started his collaboration with us on the street, produced two teasers and the short film Stultifera Navis, available online with English subtitles:

Teaser 1: <https://www.youtube.com/watch?v=DPPouwEjjUg>

Teaser 2: https://www.youtube.com/watch?v=bxXy_egPc5U



Short

film:

<https://www.youtube.com/watch?v=N0KwNUbhdXM>

We made the short film available on the internet, as we did with all other audiovisual records about our work, with the conviction that its nature is public. It could not be otherwise, since it is the result of the cooperative union of artists and patient-actors who work collaboratively, without commercial commitments. A job in the area of mental health promotion must necessarily go through the deconstruction of competitive values and the affirmation of cooperative values. And all health professionals should be very attentive to the tension between these values if they are looking to promote and develop their health and the health of their patients.

The essay and the presentation of this work were also documented by the BBC World News in a journalistic note that obtained an extraordinary international impact and can be consulted at: <http://www.bbc.com/news/health-32241100>

The BBC article was preceded by another from the Aeon magazine regarding our experience in Engenho de Dentro, available at:

<https://aeon.co/essays/can-performing-shakespeare-help-to-cure-mental-illness>

Art in madness, 45 minutes, RIO de Janeiro, 2016

Another documentary that marked the period of the show Hamlet, loucura sim, more tem seu method was Arte na (lou) Cura, directed by the young Brazilian filmmakers Tarsila Viana, Rafael Peixoto and Henrique Faerman, communication students of the Federal Rural University of Rio de Janeiro, in Seropédica. This documentary records the testimonies of many actors in our group and has extensive discussions about Brazilian mental health policy based on our experience with open space theater and mental health promotion.

Available online at: <https://youtu.be/Bn5EQO5XJO0>



More recently in October 2017, I had been invited to do an artistic residency en La Tallera the home-workshop of the genial mexican artist David Alfaro Siqueiros in Cuernavaca, México, given the development of the facts we ended up working with the Hamlet archetype again

and the movie produced by the documentarista Irene Heras can be seen here:
<https://youtu.be/1ThsmUuQRJU>



God and Devil in Faust's Land - inspired in Goethe and Glauber, 4 minutes, Rio de Janeiro, 2016.

And in 2016 we performed the show Deus e or Diabo na Terra de Fausto (God and the devil in the land of Faust), inspired by the classic work of German romanticism Faust, by Johann Wolfgang von Goethe, a process documented by O Globo, the

newspaper with the largest circulation in Brazil. The note is available at:
<http://oglobo.globo.com/sociedade/o-teatro-como-tratamento-para-loucura-19231190>

Madness Hotel Documentary, 19 minutes, 2016

And we also bring to public, medical and scientific attention the documentary movie realized by Felipe Careli and Flavia Venturi, two young brazilian filmmakers who documented very important testimonials from our artists, actors and collaborators. Particularly the testimonial of Odacir França, one of our patients from Engenho de Dentro who died precociously given the high social vulnerability and the inadequacies of public policy in our health office.

Available online <https://youtu.be/KMloGGwUoTc>

DyoNises Theater - Montreal, Canadá (2015-up to present)

I have started the project that resulted in this thesis presented in this book with a personal meeting with Prof. Jacques Arpin, a living reference of this work, in Geneva in May 2014. Under the recommendation of Arpin I was able to meet prof. Laurence Kirmayer from McGill University in Montreal, Canada, with the synchronicity that he was lecturing in Rio in November 30th 2014. With the agreement on the proposition of this thesis to the Division of Transcultural Psychiatry of McGill, up to today under direction of Kirmayer, and the deterioration of the political situation already in course in Rio de Janeiro, and the constant sabotage from public management, my salary at the health office was cut by the new authoritarian manager that assumed Rio de Janeiro city health office in august 2014, I saw as a escape route to the survival of our work and group the migration to Canada and the challenging replication of the method in a radically different society and culture from where it was originated. I moved to Montreal in May 2015 and started at the Division of Social and Transcultural Psychiatry of McGill University and today, as I write, in april 2018, we can report the whole experience that have been developed in Canadian soil in those three years of work. Several publications available online in upac.academiad.edu/vitorpordeus now I comment the Expressive Action Workshop for training actors that I sustained for two full years in a public Community Mental Health organism in the neighborhood of Ahuntsic in North Montreal - PRISE II, and also the three spectacles produced

up to now, (The Bacchae (2016), Macbeth(2017) and Lila(2018)) and the SHABESS workshop in june 2017 we managed to perform in Montreal, Quebec, Canada. Besides all that, we have 5 engaged actors and actresses that have been interviewed about the experience in my youtube channel and can be easily accessed online youtu.be.com/vitorpordeus

Expressive Action Workshop - Atelier d'action expressive - PRISE II, Montreal



ATELIER D'ACTION EXPRESSIVE
EXPRESSIVE ACTION WORKSHOP
FORMATION LIBRE D'ACTEURS **FREE ACTOR'S TRAINING**
 TOUT LUNDI 6PM-8PM EVERY MONDAY 6PM-8PM
GRATUIT **FREE ENTRANCE**
@PRISE II: **METHOD SHABESS:**
10794 RUE LAJEUNESSE **SHAKESPEARE, W.**
LOCAL: 204, MONTREAL **HADDAD, A.**
AU METRO HENRI **ARTAUD, A.**
BOURASSA **BRECHT, B.**
EURIPEDES
SILVEIRA, N. DA
SPINOZA, B.
THÉÂTRE DYONISES

COLLABORATION BRAZIL & CANADA: PRISE II, CAMÉE - MONTREAL
& HÔTEL DE LA FOLIE - UNIVERSITÉ POPULAIRE DE ART ET SCIENCE, RIO DE JANEIRO
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Le Bacchantes d'Euripide, Théâtre Dyonises Montréal, 2016

**LES BACCHANTES
D'EURIPIDE (405 A.C.)**

UNE RESTORATION DU THÉÂTRE
THÉÂTRE DYONISES, MONTRÉAL, QUÉBEC, CANADA



**PRISE II: 10794 RUE LA JEUNESSE LOCAL 204,
AU METRO HENRI BOURASSA
LES LUNDIS, MERCREDIS ET SAMEDIS 19:00
GRATUIT, COLLABORATION BIENVENUE**

**DU 15 AOÛT AU 22 OCTOBRE & DERNIÈRE
PERFORMANCE 7 NOVEMBRE 2016**

**AVEC: JASMINE LEMAIRE, LOUISE ROSENBERG, SAMIR
BOUKHERISSA AND VITOR PORDEUS.**

**INF. CONTACTO@UPAC.COM.BR / +1 514 659 7061/
REMERCIÉ: PRISE II.**

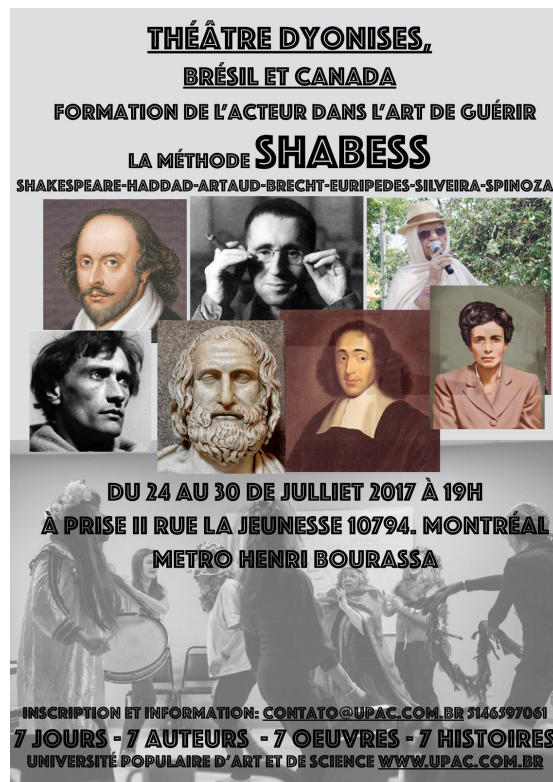
Macbeth by William Shakespeare, 2017



LILA, 2017/ 2018



SHABESS Workshop - Montreal



Go Galilee! 'Life of Galilee' by Bertolt Brecht, Rio de Janeiro, Brazil, 2017



People's University for Art and Science: online collaborative platform.

Each advance of the experience can be accompanied through the internet in the Website of the People's University for Art and Science: www.upac.com.br.

On April 8, 2016, we launched a new meta-narrative communication experience based on our large repertoire of documentaries: the Nuvela, the novel cloud. It is a cloud on the internet formed by small fragments of all the aforementioned films, as well as other films about art and psychiatry. In the Nuvela, developed by Marlus Araújo and Adriano Belsiario, these different registers cross each other in a random way and generate different narratives in each access. See the Nuvela at: www.upac.com.br/nuvela.

It is also possible to accompany records about our work on my personal Facebook page: www.facebook.com/vitor.pordeus and www.facebook.com/hoteldaloucura.

And on Twitter: www.twitter.com/vitorpordeus

CONCLUSIONS

The global mental health crisis and the errors of reductionist mental health policies can be explained by inadequate conceptual models, supported by corruption and pseudo-medical and pseudo-scientific propaganda. Our experience, documented and published as of 2009, and the scientific elaboration developed from it, validated in the theories of Humberto Maturana (Maturana, H. 2006), Nelson Vaz (Vaz, NM 2006), Andrew Pickering (Pickering A 2007), Carl Jung (Jung 1997), Jacques Arpin (Arpin 2015), Blythe Corbett (Corbett B 2016) and Murray Cox (Cox M. 1997), indicate that the relationships between culture and health, between language and human existence are profound and promising, and that the path of theater and drama therapy, according to our experience, constitutes a useful, efficient and auspicious tool for the promotion of individual and public mental health.

“Medicine is compared with the true art of rhetoric which allows the right kinds of discourse to exercise an effect on the soul in the right kinds of way”

Hans Gadamer.

The Enigma of Health. Chapter 2, Apologia for the Art of Healing. Pág. 41. 1996

PART II

Chapter 4: The Disease as Oracle

“Disease may bring learning if one is capable of being humble. Arrogance shall bring disgrace”

The Oracle of Ifá, Yoruban Tradition in Africa and Brazil(1)

Health/Disease expressions are reflective and predictive of the cultural behaviour of the community, as said before by Susan Sontag: diseases are cultural metaphors. Through a more attentive analysis of historical patterns of morbid cultural expressions we can have a clearer picture of the condition of the community, its past and future, as preached in millennial medical traditions through the concepts of anamnesis, diagnosis and prognosis. In this paper we discuss some of the information we gathered in our clinical experience and research about origins of the sexual traumatic history of western civilization producing different health disorders in contemporary society verifiable through our experience in theater and transcultural psychiatry in Montreal, Canada.

Introduction

Health/Disease expressions are reflective and predictive of the cultural behaviour of the community, as said before by Susan Sontag: diseases are cultural metaphors. Through a more attentive analysis of historical patterns of morbid cultural expressions we can have a clearer picture of the condition of the community, its past and future, as preached in millennial medical traditions through the concepts of anamnesis, diagnosis and prognosis. In this paper we discuss some of the information we gathered in our clinical experience and research about origins of the sexual traumatic history of western civilization producing different health disorders in

contemporary society verifiable through our experience in theater and transcultural psychiatry in Montreal, Canada.

The American intellectual Susan Sontag made a inestimable contribution to medicine when she published in 1978 the world bestseller “Illness as Metaphor”, later, she would also publish “AIDS and its metaphors” [2]. The importance of symbolic and metaphoric values in the cultural construction of health and disease has always been present in human history, verifiable in all systems of knowledge of primeval cultures, with gods dedicated to healing and diseases usually depicted as dangerous unconscious and demonic forces throughout the early narratives of human culture. Those symbolic and cultural learnings from disease entities and healing gods would express the world vision and practices of each civilization and its historical momentum [3].

In modern age, however, the excessive mechanization and reductionism of human psyche led to a society excessively materialistic, pragmatic, where diseases are supposed to be broken parts and engines in a complex machine, nothing more. Symbolic processes have been utterly ignored in the last centuries and suddenly a mental health pandemic falls upon humankind and no one seems to be sane enough to interpret the symbols, as did our ancestor healers, and point to an efficient direction of action that might resolve and relieve the suffering of the most vulnerable individuals inside dysfunctional families and communities. Suicides, homicides, genocide, depression epidemics, wars, invasions, terrorism; we live in a virtually highly connected world but in real terms we experience highly fragmented and tense communities. As in the case of Brazil’s recent political development when a group of lawyers and politicians, all old foxes in Brazilian politics, organized themselves and staged a coup d’état in May 2016 with ominous consequences for Brazilian poorer populations who are historically vulnerable to violent traumas [4].

World in Crisis

In addition to already very high homicide rates worldwide, now an increasing trend announces the intensification of one more contemporary genocide: the genocide of poor people all over the world, poor and vulnerable people, who have no access to clean water, to basic

sanitation, to learning how to read and write. People who have been historically massacred and for whom all this unrest and suffering has deeper historical and collective roots [5].

Communities and families have been living in an extremely marginalized environment for generations, particularly in countries marked by centuries of war and colonization: genocide, patriarchal systems of abuse, rape and predatory exploitation of nature, systematic violence against women and children, and systematic occurrence of wars for power and money; for the accumulation of all resources in the hands of a few [6].

Origins of Traumatic History

It is necessary to recognize the traumatic nature of this history of oppressed and oppressor, as a pattern in human behaviour, with marked acceleration in the last 5 thousand years, when the first sacred scriptures appeared, creating civilizations stemming from Sumeria, Egypt, Middle East and the Mediterranean. Along with many other synchronicities men started to write and store sacred memories, and reaffirm them constantly, leading to the emergence of fanatic patriarchates and constant war making as essays of domination and rape of other territories and cultures. In our research, this period is key to comprehend the origins of sexual trauma and violence in childhood and family life [7].



We see the archetypal theme of the Solar King Marduk who brutally killed the Goddess Tiamat, represented as a Dragon, repeated over and over again in the images of nature being brutalized by fanatic men, the abuses of children who grow up to become psychiatric patients whom I constantly meet in my work over the last eight years: always the same theme, older men, fathers, brothers, uncles abusing young girls and boys, who later become violent, aggressive, depressed or express obscure deviant behaviours which are manifestations of anger, frustration and fears buried in the family's collective unconscious.

Common Roots of Immunological and Psychiatric Diseases

These unconscious traumas may appear as psychiatric symptoms or as immune-inflammatory diseases. The association of childhood abuse and trauma and classical autoimmune diseases is constantly reported in literature, such as Multiple Sclerosis [8], Rheumatoid arthritis and Systemic Lupus Erythematosus [9]. In the fields of autoimmune diseases and psychiatry there is a majority of women and if we consider this seriously enough, we may find historical and anthropological reasons why women seem particularly under attack of certain immunological and psychiatric conditions.

Childhood abuses have been associated to higher mortality [10] and constitutes a major pathogenic factor to be considered and properly addressed by contemporary medicine.



Feminine Trauma from Arthritis to Depression

Working in the DyoNises Theatre in Montreal, Quebec, Canada, with a group of Québécois women, I identified the archetype - affect- image - of the witch/bacchae emerging spontaneously in performances. This image evoked many different characters and stories, Medea, Ariadne, Persephone, the lineage of the feminine as we learned from Jung. I proposed to the group to work with Shakespeare's *Macbeth*, known for the richness of the female characters in this play, ranging from the conclave of witches, to Lady Macbeth and Queen Hecate, the queen of witches that Shakespeare alchemically brought into scene to glorify the deep feminine personified by this old archetype of Hecate, the dark goddess, with the power of creative destruction, of giving birth and devouring her own child [11].

As our collective research developed we came to perceive the pervasive and immense

Return to the Goddess Through the Alchemy of Theatre

I never would have thought that Shakespeare's Macbeth could teach me so much about myself, my ancestors, my culture and especially my relationship to my body as a woman and the unconscious traumas that lurked beneath the surface of my awareness. Since a young age I have struggled with an eating disorder and suffered from depression, off and on. A lifetime of dieting, psychotherapy and western medicine did not cure me, and my 30 years of social work in mental health have taught me that pharmacotherapy does very little to alleviate human suffering and can in fact create more serious health problems. It is through my encounters with the Bacchae, Agave, Persephone, and later, Lady Macbeth, Hecate and her coven of witches, and other archetypes that we bring to life through our performances and rituals that I have become aware of a past that keeps repeating itself through my own life and the lives of men and women within my culture. In my work I have heard many women complain, as I have, of feeling *cut off* from their bodies and as a result, suffer from all kinds of mental and physical ailments. I have never in my lifetime been sexually or physically abused. But somehow my female body carries memories of traumas that have been passed on through many generations of women before me. As I uncovered the story of Macbeth's witches, and found out that they lived in a time when women were executed and burned for simply being women, I was able to reenact the terror, the rage, the grief, the fear and the suffering that had found its way into my body through some sort of cultural transmutation. I'm discovering that to heal from the past requires its own kind of alchemical process. As I perform their story which is also mine I can begin to heal myself and my own culture, at a time when despite all the freedoms that exist in my society, we (men and women) still suffer from an insidiously persistent fear and hatred of the feminine, inherent in our world where patriarchal values continue to prevail. Through the magic of theatre and ritual I traverse the traumas to reconnect with the forgotten Goddess within. To rediscover and experience the powers of the feminine, dark and light, and to learn how to embody these forces in my relationships with others and with nature is true healing.

I am grateful to the authors who accompany me on my quest such as Jungian analysts Marion Woodman (14) and Sylvia Brinton Perera (15), and feminist analyst and philosopher, Luce Irigaray (16), and to my research director, Luis Adolfo Gomez Gonzalez and my friend, collaborator and healer, Vitor Pordeus.

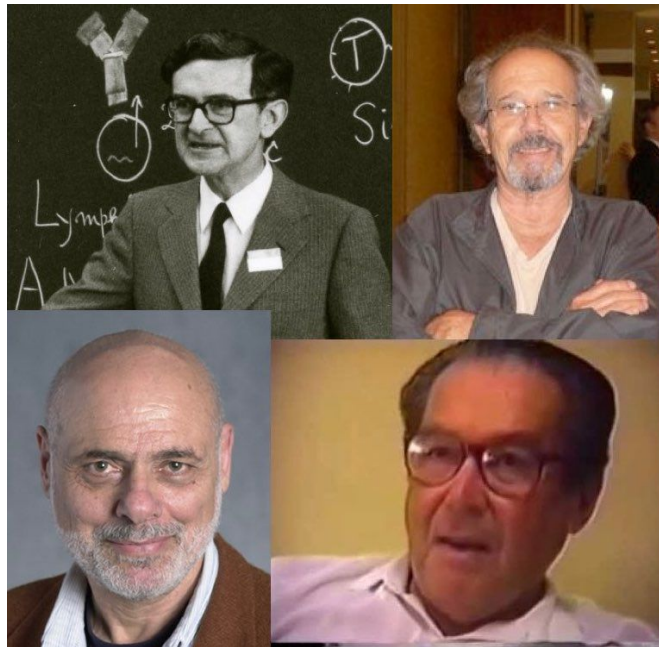
importance of the "trauma of the feminine", as we unveiled Shakespeare's universe once more, we found out about the witch-hunt craze that dominated masculine renaissance's affirmation of science and reason, as whole societies were burning old and wise women, in the name of God and Reason, leaving a permanent trauma in western minds, the loss of power of women, the power of healing and cultivating a relationship with nature [12]. Disgracefully, our world society, in the middle of mental illness pandemics, keeps advancing blindly against nature and humankind. New and more radical masculine unbalanced leadership points towards a future of more intolerance and work concentrated on money and limitless exploitation, the return of slavery, under a new fashion [13].

To provide some insight into our process we are including a personal account written by Louise Rosenberg who has been a participant in this project from the beginning and who is involved in her own research using theatre and performative writing as methods of healing (Box 1).

New research and open mind

We, physicians, health professional and healers, we must open ourselves to methodical research and above all be able to scrutinize research experiences published and being published worldwide through the internet. It is a never seen historical opportunity of information exchange that allow us, today, to access considerable amount of information about experiences virtually from every part and culture of the planet earth.

Figure 3: Up left Niels Jerne, right Nelson Vaz, below left Irun Cohen, Luiz Moura



In the fields of immunology and clinical immunology for clinical medicine, I cite the Professors, Nelson Vaz [17], Irun Cohen [18], Luiz Moura [19], Niels Jerne [20] (this last one won the Nobel Prize of Medicine in 1984) and a long list of ecologic immunologists that point towards biology and ecology as ways to provide network models that may help us to understand the nature of immunological and inflammatory disorders that affect huge parts of human population.

Mind/body in clinical medicine

It has, however, been clinically observed that psychic disorders precede and follow physical disorders. Mental health is a much more sensible thermometer of how the body is going, and it has been shown in international medical literature that real health promotion, means

mental health promotion [21] and the state of permanent development of the personality and physical health of an individual, a family and a community. As well has been well documented and debated that emotions play a central role in psychiatric and immunological disorders that may have common roots in abuse as physical and psychological violence [22].

Patterns of Traumatic History and its Mythological Parallels

To reach this level of conclusion and identify the roots of traumatic history being expressed by a morbid syndrome, whether psychiatric, immunologic or both at the same time, will demand of the physician and the health professional a good medical and scientific formation with solid understandings of biology, ecology, evolution, developmental biology [23], basic and clinical immunology [24], anthropology of medicine, philosophy of medicine [25], semiology, art history, religions history, mythology and psychology [26]. We will find the footsteps of great physicians like Sigmund Freud [27], Carl Jung [28], Nise da Silveira [29], John Weir Perry [30] that all of them managed to dive into the human memories, individual and collective, and help suffering men and women to find their pathway of development.



Figure 4: *Sigmund Freud, Carl Jung, Nise da Silveira, John Weir Perry.*

It will be necessary to consider the oracular value of disease and pain, followed by the understanding that human development is so intricate and unconscious in such a fashion that we culturally express pain in many different and varied ways, and original mythologies express our early and primordial experiences in coping and overcoming pain and distress, with psychic transformations and the evolution of human living [31]. As it has been demonstrated by historical experiences in psychiatry and medicine [32].

To understand the disease as an oracle, as a revelatory information about the future of the community will force us to restore an ancient notion that madness and disease is sacred, because it bears secrets about the society, that reveal our deeper nature, our bad behaviour, our violence and

antisocial compulsive behaviour [33]. To pay real attention to the oracle of disease is to observe the expression of real humanity, and the discovery that those pains may bear healing information for those who are humble and are willing to learn maximally from the experience, whereas, for those who are arrogant the disgrace will be inevitable [1].

Improving Medical Semiology

Physicians, health professionals and healers in general may devote time and effort to revisit the field of medical semiology, the study of symptoms and signals of the patient [34], now in a widened perspective, of observing cultural factors, historical factors connecting the history of the individual to his family, his community, his nation and humankind [35]. That's the precious contribution from authors like Jung and Da Silveira that have studied hundred of severe psychiatric patients in light of comparative mythology and found patterns that confirm historical evolution of images, narratives, as well as the evolution of human biology and its body parts and organs evolve historically, expressing simultaneously the mind and the body [36].

Conclusion

Therefore, we, physicians and other health professions must commit our ethics to investigate as far as possible, as profoundly as possible, the history of our patient, including his singularities and differences. We must understand that disease and pain are deep expressions of human nature and that in clinical medicine and psychiatry, many times capricious disease presentations will commonly have roots in human most violent and obscure practices. After 14 years of continuous medical practice, I have identified a pattern of disease, an oracular, revelatory one, that is the persistent occurrence of childhood sexual and violent abuse generally by older males and relatives. I was surprised to verify in published scientific literature the connection to immunological diseases too. I believe it reveals a repetitive and socially neglected pattern of disease that in order to be understood and healed, we'll have to take into account a more comprehensive and integrative vision of health and disease where cultural, symbolic and socio-economic determinants of health may be considered in order to achieve proper and efficient diagnosis that may improve the prognosis of our children and future adults to live a

more healthy, respectful, solidary and ecologically self-sustaining society, with less harm and repression for more healing and development. That's what a possible reading of the meaning of the oracle of contemporary diseases might tell us today.

“The perceivable events which accompany a given percept propose that that percept shall “mean” these events. By some such steps an organism may learn to use the information contained in patterned sequences of external events. I can therefore predict with better than random success that in the universe, organism plus environment, events will occur to complete patterns or configurations of learned adaptation between organism and environment”.

Gregory Bateson [37]

PART II

Chapter 5: Mental Illness Arises Epigenetically - like all others Diseases

It is urgent to formulate a more comprehensive synthesis regarding the pathophysiology of mental diseases in light of more contemporary evidences and theories, stemming from cellular and molecular biology as well as from evolution theory. The field of epigenetics has arisen as one of the most important scientific axis to understand development, physiology and pathophysiology in all areas of medicine with special impact in psychiatry.

1. INTRODUCTION

“It has become obvious to most active geneticists that the good old days of mapping genes are over. From now on, it seems to me, there must be a phase of integration where the various isolated phenomenon are drawn together and where the biochemical, histochemical, chromosomal, cytological, developmental etc. phases are more clearly integrated. My material may help in making this revaluation”

Barbara McClintock, 1950 (Nobel Prize Winner 1983)[1], in a personal letter to Marcus Rhoades

A new post-genomic era has started in biology after the completion of Human Genome Project as predicted by the American geneticist Barbara McClintock with more than 50 years in advance [1]. We thought that once we mapped all genes of our human specie, we would decipher the main mechanisms of the diseases that afflict us. Now, 15 years after the completion, we clearly understood that the question is far more complicated than the *common sense* reductionist genetic determinism that mysteriously still rules biology and medicine. Ironically, because of this genome map we could verify experimentally that Genes are connected to a lot more other cellular and molecular mechanisms besides the known genetic ones. Waddington (1942) described it as *epigenetic* mechanisms (*above, epi in greek*) [2].

This is an old question in human thinking. What is the cause of diseases? Internal causes? External causes? Is the environment important? Or inheritances the most important factor? These are deep questions because they ask what we understand about the world and the processes that generate health and disease. Scientific models of care that are offered to the world population through public policies are based on the answers to those questions [3].

In the human genome project we shot what we saw, and got what we didn't see. Several evidences were brought into light showing that every genetic process is integrated into other molecular and cellular processes, genes connected to proteins forming networks that pervade cells, tissues and fluids of the organism. Including our immense community of resident bacteria (95% of the total of our organism's cells are bacteria), our diet, our affective relations, our bodies, families, communities, cities, countries, political destinies, cultural practices that are configured moment to moment historically. This vision in biology is named Epigenetics. It is an extremely important theoretical and practical field that should be receiving full attention in our public health offices, in medical and scientific education, as well as in our biomedical research and development programs [4].

The epigenetic view offers a useful and efficient way to explain health and disease emphasizing interactions between organism and environment, showing how our actions, our culture and body biology are deeply connected. This would revolutionize and reinforce whole fields of medicine where therapies are excessively pharmaceutical (molecular), mechanic and deterministic [4].

For example mental illness that afflict a large part of our population that rely only in psychotropic drugs has produced in population level a rising epidemic of mental diseases and never seen profits records of pharmaceutical industry [5]. In hegemonic biological paradigm, diseases would be result from specific reducible cause, such as gene defects, or fails in neuron's elements like the neurotransmitter dopamine or its receptor. They used to say that once we have obtained the map of our genetic unities, we could avoid diseases substituting these unities by healthy ones through genetic engineering. Following the same intellectual framework we use specific chemical substances to correct structural molecular problems like abnormalities in Calcium Channels that cross cellular membranes, controlling the flow of atoms charged electrically to the interior or exterior of cells, realizing molecular movements that ultimately move our bodies and perform our biological functions. In accordance with this paradigm, it is very likely that the psychiatric patient inherited from his own family genetic and structural aberrations that must be corrected with drugs acting upon these molecular defects and, eventually, with electroshocks that will improve bioelectrical activity of the patient's brain [6].

However, the epigenetics field precisely showed that biological destiny is not determined. On the contrary, the importance of experience and historical course is immense. And those severe diseases carry hard histories of misery, which leave marks in the biological body through out different generations, accumulating epigenetic alterations [7], until forming very severe clinical forms invariably linked to poverty and misery like those we can observe in our old Psychiatric Hospitals [8]. This has been named "Social Epigenetics" in recent literature [7]

The good new is that the positive experience developed inside such adverse environments like Asylums can be brought to public attention due to contemporary biology oriented by concepts such as epigenetics. This understanding illuminates the role of human culture and experience in the epigenetic occurrence of mental disease, and how symbolic, cultural and political modifications are capable of changing significantly the clinical evolution of even the most severe cases. Experiences of famous psychiatrists such as Nise da Silveira [9] in Brazil, Franco Basaglia [10] in Italy, Ronald Laing [11] in England, our living contemporaries Jacques Arpin [12] in Switzerland and Laurence Kirmayer [6] in Canada, and many others are in line with the epigenetic paradigm of biology reminding us the that only constancy is changing and, at

last, man is the destiny of man. Diseases are cultural and political productions simultaneously expressed through epigenetic historical alterations that mould our bodies. Besides that, accumulated scientific evidence demonstrates that we are capable of positively modifying even the most severe chronic psychosis through modifications in space, culture and political relations esthetical and ethical relations. It is urgent that this debate be publicly raised because it means what we do understand about ourselves and how we treat our patients and the oppression processes that caused ill conditions. We are in fact debating democracy in the epigenetics era. An urgent, necessary and possible shift of perspective that integrates the permanent movement of living world, of biology that will certainly adequate us to nature and healthy living.

PART II

Chapter 6: Restoring the Art of Healing - a transcultural psychiatry case report

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This paper reflects part of the 5 years experience in theatre and mental health developed by the Centre for Culture, Science and Health of the Office of Public Health, Rio de Janeiro. One selected Psychiatric Hospital Case is reported, and a short discussion about health and culture interplays under the proposed theoretical framework. It highlights historical experiences showing the importance of cultural and symbolic practices in mental and general health such as those studied by the Brazilian Psychiatrist Nise da Silveira and the contemporary paradigmatic shift of Biology and Health Sciences.

INTRODUCTION

In 2009, the Centre of Culture, Science and Health of the Public Health Office of Rio de Janeiro was founded by me. It has been working in seven community territories investigating strategies of collective medicine and psychiatry involving cultural action, theatre, documentary movies, dance and poetry, adopted as collective and collaborative work. We have been witnessing the crucial role of cultural and symbolic practices for human mental health.

Our own clinical experience working with community medicine and psychiatry in the last 5 years in a psychiatric asylum, the Nise da Silveira Institute in Engenho de Dentro, Rio de Janeiro, shows clear effects on human health of cultural collective practices. There are today

seven creative groups operating in the Madness Hotel working under the Artistic Residency Program of the People's University for Art and Science.

Two years and a half ago, we opened the cultural centre under the name of Madness Hotel and Spa- our centre for culture, health and transcultural psychiatry- occupying two abandoned wards inside the old Psychiatric Hospital. The Madness Hotel is the hub for the art and science movement "People's University of Art and Science", founded in 2010, that hosts a wide range of artistic and cultural languages with open and direct participation of acute and chronic psychiatric patients, as well as professional actors, painters, dancers, directors, poets, educators, graffiti artists, psychiatrists, psychologists among others from Brazil and abroad. Our cultural presentations involve up to four hundred people working inside the Madness Hotel and Spa and in the public spaces of Rio de Janeiro and other Brazilian cities. We have launched in 2013 a feature length documentary movie; several short-length documentary movies were published in 2012 and 2013.

SELECTED CLINICAL CASE

J.R.C., 38yo, white female, 31 years intermittently hospitalized with the diagnosis of Hebephrenic Schizophrenia from the age of 7. Her father was a cruel investigative policeman, a known murderer, in a suburban region of Rio that in the last decades has been dominated by so called "militias". Those groups are formed by outlaw policemen and other military personnel developing political control to exploit neighbourhoods economically and oppress the population using cruelty and murder. Her father belonged to one of those militias. When she was 7 he took her to see the corpse of her young best friend dead in a car accident. After this moment she developed fantastic paranoid syndrome culminating in the killing of two puppies that led to the first psychiatric hospitalization. She grew up inside the asylum under the reputation of being daughter of a murderer, considered aggressive and dangerous, this situation even deteriorated when the mother of the patient threatened with death some nursery staff. In the last two years J.R.C., a very deteriorated chronic psychotic in a Suburban Third World Asylum, spontaneously engaged in our Theatre Workshop; she immediately danced and later on declaimed poetry and improvised discourse in public spaces of the hospital and the city, more recently she started to

sing songs. She has presented in our public spectacles with several videos documenting her impressive theatrical evolution that was accompanied with extreme tidiness and voluntariness in the cultural centre routine activities, also in internal and external presentations. Of note, we managed to construct along J.R.C a solidary Clothing Workshop, thrift shop, where she lends clothing to other patients, she keeps it very clean and organized. Throughout her life she accumulated a burden of psychiatric drugs leading to this current prescription: Haldol 25mg/day, Risperidona 9mg/day, Chlorpromazine 800mg/day, Pericyazine 30mg/day, Clonazepam 4mg/day, Prometazine (Phenergan) 74mg/day, Lithium 1050mg/day. This led, after clinical discussion with the staff of the Hospital, to inscribe J.R.C. to the therapeutic residence program where patients are transferred from Institutes, in process of deactivation, to community in accordance to Brazilian Psychiatric Reform going on. We are now seeking to promote along the hospice's staff the discussion on the psychiatric prescription drugs and its rational use.

Follow-up: J.R.C was transferred to a assisted residency in August 2014, and I have been following her since then. The latest reports is that she goes out by herself, she goes to the supermarket and lately she learned how to cook rice for herself and her colleague patients in the assisted residency. Her mother and brother visit her constantly. The latest information about J.R.C in the moment of writing of this manuscript arrived January of 2018. No major intercurrents have been reported.

DISCUSSION

In a previous letter, I have argued that a dialogue between biomedical sciences and medicine, on the one hand, and public and collective health, on the other hand, is necessary in order to make sense of public policies of health with a deeper understanding of the organism's physiology [1].

The present scenario contradicts what we research, and teach with the clinical practice in clinics and hospitals, mental health institutions, and, also in public health where large amounts of public resources are spent. We refer to a lost conceptual link between a sanitary reality of populations and models guiding scientific and medical practice [1]. Of note, the medical profile

of J. R. C. has basically routine repetition of numbers, codes, diagnostic labels and high dose psychiatric prescription cited above.

We can adopt more clear and adequate scientific models to explain healthy living and the nature of diseases, their evolution and development [2], as well as their ecology, the socioeconomic determinants of health [3], cultural and anthropological elements of our patients' and communities' histories. We can develop new tools of healthcare to deal with the cultural patrimony and dramaturgy of patients, their social groups and communities [4].

This approach is coherent with solid lines of evidence developed [5, 6] by the Brazilian Psychiatrist Nise da Silveira who founded, in 1946, the Museum of Images of the Unconscious, in our hospital in Rio de Janeiro. The Museum has become one of the largest collections of culture and health in the planet with more than 300 thousand paintings, drawings and sculptures produced by diagnosed chronic schizophrenic inpatients throughout 60 years of ongoing experience. Da Silveira originally demonstrated the systematic therapeutic effect of spontaneous creative expression in favourable environments in severe mental illness patients [5, 6]. She worked with Carl Jung in Zurich in the 1950s. He has systematically demonstrated the importance of symbols and traditions to human psychic life, and how our collective unconscious behaviour is driven by archetypes ¹ [7]. The Philosopher Baruch de Spinoza said in the XVII century that men are governed by affects; and that "we can't control our tongues", that is, what we talk and gossip; he was commenting on the unconscious nature of human actions [8]. Disease processes are unconscious per excellence; nobody walks consciously in the direction of disease, although in population analysis level, this self-destructive behaviour becomes obvious. Therefore, this approach can be used in clinical practice in order to improve our listening capability and dialogue with the patients, even in chronic psychosis scenario. With the dissemination of these concepts, health professionals, public agents of security, social workers, nurses, policemen should be trained in the dialogue and approach to mentally ill people

¹ The archetype is the introspectively recognizable form of a priori psychic orderedness. In Jung CG. Synchronicity, London, 1985, p.140.

preventing violence, traumas, overdose, that would stimulate collective dialogue, cultural construction, creative exercise, public discoursing and political organization.

Transcultural psychiatry seeks to accommodate more profound views of medicine with anthropology, sociology, geography and so on. It investigates the role of rituals, traditions, performances, theatre and symbols in mental and general diseases [9, 10]. There's very significant collection of evidence accumulated in the fields of medical anthropology [11], and community and family psychiatry [12]. Jacob Levy Moreno developed what became the worldwide known "Psychodrama"; working with Psychotic patients in New York in the 1930s. Moreno has documented therapeutic effect in application of theatrical expressive techniques to severe mental suffering [13]. Antonin Artaud, the French actor, poet, playwright, theatre theoretician and psychiatric patient, wrote on the symbolic language of delirium as legitimate human acts, equivalent to any other sequences of ideas and actions that, in fact, should be better understood, deciphered, revealed and treated [14].

Isn't the collection and analysis of the history of the patient something alike deciphering an enigma for the physician? In the search of meaning, paediatricians and psychiatrists, and very often family doctors, must deal with the non-conscious non-verbal expressions of their patients and groups, like archaeologists. This reflects a particular scientific attitude, a deeper understanding of nature and humanness that seems to restore medical tradition.

CONCLUSION

Thus, in an affective, caring environment coupled with creative cultural activity, even severe chronic psychosis can develop affective relations, express feelings, and understand more about life and society. There is an urge to reform our modes of thinking, and to adopt a more encompassing biological vision [15]. A better understanding of human nature, that integrates scientific, medical and public health visions, will help us to reveal and manage the systemic nature of health and illness. Enabling medicine and science to better fulfil their noble aims of alleviating human suffering in a multicultural world. Our founding father of western medicine, Hippocrates of Cos said: "Let the food be thy medicine, and medicine the food". Perhaps, we should generalize the hypothesis: Let culture be thy medicine, and medicine the culture.

PART III

Chapter 7:

Hippocrates betrayed? Attributing classifications to patients instead of investigating their history (anamnesis)

Something is rotten in the kingdom of healthcare. Due to the ‘dreams of reason’ in our current scientific and technological phase of development, we have finally confused the ‘machine’ for the ‘mechanism’. The immense theoretical and technical advances celebrated by science are being followed by a pandemic increase in mental diseases, overdoses, violence, wars, genocides, excessive economic exploitation and destruction of communities, destruction of animals and plants in an unnecessary and pathological way. The pharmaceutical system is appointed as the main solution, however its exorbitant profits plus a ‘drug culture’ seems to be implicated in the causation of a good part of contemporary public and community health challenges, the so-called socio-economic determinants of health. This “Promethean” or “Faustian” mental/cultural syndrome/behavior is known to our traditions for generations, as described by Goethe in the 19th century, but never at such a planetary scale. Here, I bring into light some proposals and concepts constructed first in my own medical and scientific practice in the last 20 years, influenced by and in reference to different authors in contemporary and historical science, showing that this problem has been identified and overcome before by Pille Bunnell and Humberto Maturana, passing through Spinoza, Freud and back to Hippocrates. We

hope this may bring some reflection on the social mission and ethical compromises of the medical profession in responding to the community mental health crisis we have gotten into.

Keywords: Hippocrates, diagnosis, classification, history, nosology, biology, Sigmund Freud, Carl Jung, Baruch Spinoza, Evolution, Development, Cognition, René Dubos, Faust, Johann Wolfgang Von Goethe, Ethics

The phenomenon is not detached from the observer, but intertwined and involved with him.
—Goethe (1)

Introduction

In an exceptional article entitled “Attributing nature with justifications” published in 2000, the Canadian scientist Pille Bunnell has provided inspirational insight regarding the actual state of affairs in international medicine and public health policies:

“I claim that concepts such as competition, evolution of the fittest, and regulation through hierarchical constructs are all attributions we make to nature based on our culture. I think these concepts, and others of the ilk, are the results of a particular manner of emotioning, sensing and acting that is now common to most modern cultures. Once attributed to nature, we use these concepts as grounding premises, or as justification, to continue the manner of emotioning, sensing and acting which gave rise to them. I see this as a disquieting circularity, a blindness, that results in a way of being that we do not want, feel compelled to. However, since we have the ability to reflect on our beliefs and to consider whether we want the consequences of maintaining them, I also see the possibility of living in a manner that we find more ethical and more pleasurable.”(2)

This observation that we as human beings have the power to ascribe names and qualities to nature inside and outside ourselves may be of capital importance to understand better medical and scientific professions and the unconscious dangers of exerting the “power of naming” inadequately. That’s exactly the same insight advanced by visionary authors as early as 1677, when Benedict de Spinoza published his famous book ‘Ethics’: (3)

“Many errors, in truth, can be traced to this head, namely, that we do not apply names to things rightly.”

Spinoza B.; Ethics, 1677, part 2, Prop. 47. (3)

I noted that Spinoza, in the beginnings of modern science, has warned us of the dangers of attributing justifications to nature, objectives, functions, that are actually psychic projections, constructs of our imagination, used to justify lower impulses of the psyche such as desire for power and control. So we must observe who we are as observers in the task of describing nature inside and outside us, and provide the important care of not imposing tags, disease classifications, nosology upon nature, upon other people and specially upon our patients who are already in a vulnerable and regressive psychological position imposed by the pathological situation.

"We have now perceived, that all the explanations commonly given to nature are mere modes of imagining, and do not indicate the true nature of anything but only the constitution of imagination"

Spinoza, 1677, *Ética*, Part 1, appendix. Amsterdam, Holland. (3)

Medical diagnosis and nosological classification

Another important aspect in this subject is the confusion between diagnosis and nosology. Current medicine uses classifications of diseases (nosology) as if they were the diagnosis of the patient, giving him a tag and therapeutic procedures that all too often are drugs (4). If we want to avoid prejudices and ill-conceived ideas in dealing with human beings, what are we effectively talking about when we want to understand what is “mental illness”? For instance, we may observe that the expression “mental illness” arises historically in the course of conversations about our human relational living, in an attempt to visualize some regularities that occurred in it, thinking that if we could grasp them we would be able to solve some difficulties that we encounter in our living together, thinking that we could do so through formalizing them with some adequate theory that we would invent (5). In other words, when we ask about “mental diseases” - neurotic syndromes, psychotic syndromes - we are in fact asking about the difficulties we face in our relationships, in our living together.

And how often we fail to observe this living together, how often we are absent from our own presence, not feeling, not learning, not interested in the present reality, in the other, in ourselves and how are we behaving in relation to each other? Sometimes, too often, we are being brutes, arrogant, irrational, invasive, dominating by pure unconscious patriarchal impulses. (6)

We must take a pause, and observe ourselves as observers (7), seeing that the way we understand/act on nature may be of radical importance on how medicine is being practiced as public health policies are being proposed and constructed, and how the life and death of whole communities are being managed by public and private institutions worldwide.

Naming power

However, to do that, we have to abstract those regularities in our living together first: What are our basic living processes? Our health? Our physiology? Our group led by the Brazilian genius Nelson Vaz has been engaging in exactly the same debate in immunological theories with great success. (8) These questions have been advanced also by another leading contemporary immunologist, Irun Cohen have also been criticizing the inadequacies of current biological nomenclature and proposing new synthesis (9) First of all, we must respect ourselves and accept that naming is not a trivial aspect of what we do in our living: names have arisen in our history of living together as operational elements of coordination of our doings, and reveal regularities in that living (10). We must accept the immense power of naming, constructing theories, scientific theories, that generate practical advances and changes in life of people and communities. We must point towards the origins of origins, of how human beings evolved as languaging beings, in the last 3 million years along with the hominid mode of living. (4)

Freud and Jung, in general perspective, agree.

In psychiatry and psychology this observation that we may be creating false categories regarding clinical manifestations, exaggerating in prejudices and ideological charges of racism, classism, white supremacy, even scientific nazism, that have occurred in exactly this context, seems to be the first steps of the founding fathers of the study of the unconscious like Sigmund Freud and Carl Jung:

“Psychiatry gives names to various conditions, but besides that, she does not say anything about them. On the other hand, she emphasizes that those carrying such symptoms are "degenerates". It is not satisfactory, it is actually a judgment of value, a condemnation, instead of an explanation (Symptoms of symptoms).” Sigmund Freud, 1916-17.(11)

After researching through an experience of 9 years of work in community and asylum psychiatry in Rio de Janeiro, Brazil and three years in Montreal-Canada, a key repetitive motif emerges as an answer to this situation we are all facing in the challenges of contemporary effective medical assistance and health promotion: the earlier history of the patient, anamnesis of his family, community and ecosystem. Or as published by Jung in 1908:

“The ancient clinicians concentrated their attention in the psychological motive of mental disease, just like lay people still do due to a true instinct. We tried through this way, most carefully, the earlier history of the patient. This is a rewarding work, for we frequently found, to our surprise, that mental disease erupts in a moment of great emotion aroused by, let’s say, normal reasons. Furthermore, in the origin of mental disease several symptoms appeared that could by any means be comprehended from an anatomical point of view. Nevertheless, these very same symptoms became immediately comprehensible when considered regarding the earlier individual history. In this sense, the fundamental investigations of Freud about the psychology of hysteria and of dreams gave us the greatest stimulus and support for our own work” (Carl Jung, 1908) (12)

Community histories, traumatic histories, subjective histories

This approach proved to be of most valuable impact when considering strategies of community mental health promotion, when deep unconscious subjective manifestations impose themselves in collective auto-destructive behaviors and must be considered side-by-side with ecological, community and family relationships which abundant scientific literature points to as important determinants of health and disease. (13, 14) It will be at the community level, at the collective cultural level, that we may act in promoting community-related images of the

unconscious (15), constructed collectively, inspiring more consciousness, self-care, care of the other, of the environment, and developing modes of living of cooperation and solidarity. (14, 15)

Evolution by Natural Drift

This perspective belongs to wider movements in philosophy and biomedical sciences searching for more comprehensive views on the organisms and the ecosystems, this synthesis is known as “Origin of the Species by Means of Natural Drift” (16). Where the first step is to recognize the “linguaging nature” of our existence, the power of naming, the role of the observer formulating theories and scientific systems that help us to glimpse, to dance with, and intervene with forces of nature inside and outside us (17).

“There’s no need to show at length, that nature has no particular goal in view, and that final causes are mere human figments.”

Spinoza, 1677, *Ethica*, part 1, On God, Appendix (3)

“There’s no health without mental health”

No field makes this contradiction so clear than social determinants of mental health. WHO published recently “there’s no health without mental health” (18), and no one anymore can pretend not to notice that something was left out in the model of the organism, which is precisely the human mind, its subjectivity, symbols, ideology and culture. There can be no mind without body as well as no body without mind, they are both expressions of the same general substance, as put by Spinoza (3)

Given the severity of public mental health emergencies we face in the poorest classes of virtually all big city and communities in the world, we believe that Hippocrates saying that “a severe disease demands a severe remedy” is the case. We here intend to exemplify concepts that point towards more ecological and historical approaches to biology and medicine and human health. Professor Michael Marmot named his last book “The Health Gap” showing that the lower in socio-economic position is located the individual, the worse morbi-mortality rates of disease

and death, and he has been devoting his life on research efforts to shed light onto this mystery of the relation of poverty and a genocide of preventable causes. (19, 20)

Robert Aldridge and colleagues found that socially excluded populations have a mortality rate that is nearly eight times higher than the average for men, and nearly 12 times higher for women published in *The Lancet* in November 2017 (21). Still, in a highly cited paper published in 1997, we find a disturbing gradient between social exclusion and morbi-mortality, including social violence and disorder usually treated by police and repression in our sick societies (22). Dr. Susan Prescott published recently a review, based on the ecological visions and human biology of wise men no less than Jonas Salk, the discoverer of the polio vaccine, and René Dubos, microbiome early pioneer. She describes our historical period as the ‘anthropocene’ when unprecedented damages were committed against earth and to the community in a wider notion, community as ecosystem and biosphere. Upon a better understanding of our own nature, those authors see the beginning of another historical period, the symbiocene, when the so urgent biological sustainability will become a reality.(14)

Dr. Faustus against Hippocrates

“It is a distressing fact the Faustus legend is the only important one created by western civilization. The activities of the learned and dynamic Dr. Faustus symbolize our own restlessness and our eagerness to achieve mastery over men and the external world, irrespective of long-range consequences. Faustus was willing to sell his soul to the devil for the sake of worldly pleasures and his own selfish ambitions, just as modern Faustian man does not hesitate to jeopardize the future of mankind in the pursuit of his goal.”

René Dubos, 1972 (ref. 23)

The Pulitzer-prize writer, human biology and microbiome pioneer researcher René Dubos gave us his diagnosis of a faustian society (23) that I believe to be the precise characteristic to exemplify the dangerous madness of our time, actually, this ambitious and greedy behaviour that has been generating systematic violence since the emergence of the patriarchal period in the last

5 thousand years (7). Dr. Faustus is around the corner, inside us, with an exaggerated scientific reason and objectivity, believing he can control and dominate nature, the other, himself. (24).

“Greed is the cause.”

Hippocrates wrote in his famous Treatise on Laugh and Madness that greed was the cause of human madness:

“Those whose ambition guides to the clouds, soon fall into the abyss and because of bad actions end up destroyed. After being ruined they restore themselves becoming agreeable people, but thereafter they change their thinking again, go ways from fair friendships and perform bad actions, until they are hated again, creating conflict with the community. And the cause of all this is greed.”

Johann Wolfgang von Goethe, the greatest poet and scientist of modernity, in a key scene (Part II, Act 1, scene 1) in his Faust published in 1815, Mephistopheles, after having invented it, explains how money should be used as a new tool to conquer “the full delights of love and wine”:

“Mephistopheles: These notes, when used in lieu of gold and pearls,
are handy too; you know right off how much you own
And can, without first bargaining or haggling,
Enjoy the full delights of love and wine.
If metal is wanted, there are money-changers,
And if they are short, you go and dig awhile;
The golden cups and chains can then be sold at auction,
And prompt redemption of these shares
Confounds all sceptics who might mock us.
Once used to this, no one will want another system,
And from now on all your imperial states
Will thus be well supplied with jewels, gold and paper.” (25)

Conclusion: Hippocrates' Oath betrayed?

I believe I have enumerated some strong arguments towards a more comprehensive, historical approach to human health, connected to real contemporary biology and its main themes, namely cognition, development and evolution (26). This has a double value because it reconnects biology in an ecological perspective and reminds physicians and health professionals that people are much more than diagnostic labels, justifications attributed to nature, impositions of thinking, and that we must pay attention to human beings as complex, ecological and cultural beings.

Finally, in restoring the medical art as proposed by its main founder in the west, Hippocrates of Cos, to whom all physicians in the western world swear fidelity. Upon the reading of his books and treatises, we have a clear picture that he saw man as part of nature, and nature as an extremely interconnected chain of causes, as an ecosystem, and he knew that the best way to approach it is through “anamnesis”, history-taking, collection of memories, without prejudice, without judgement but paying attention to the biggest and smallest details, as himself makes clear:

“The factors which enable us to distinguish between diseases are as follows: first we must consider the nature of man in general and of each individual and the characteristics of each disease. We must consider the patient, what food is given to him and who gives it - for this may make it easier to take or more difficult - the conditions of climate and locality, both in general and in particular, the patients' customs, mode of life, pursuits and age. Then we must consider his speech, his mannerisms, his silences, his thoughts, his habits of sleep or wakefulness and his dreams, their nature and time. Next, we must note whether he plucks his hair, scratches or weeps. We must observe his paroxysms, his stools, urine, sputum and vomit. We look for any change in their nature, and the particular changes that induce death or a crisis. Observe, too, sweating, shivering, chill, cough, sneezing, hiccough, the kind of breathing, belching, wind, whether silent or noisy, haemorrhages and hemorrhoids. We must determine the significance of all these signs.”
Hippocrates of Cos, Epidemics - book 1 - prop 23, written between 430 and 330 B.C. (27)

“For there’s nothing either good or bad but thinking makes it so...

...I could be bounded in a nutshell and count myself as a King of Infinite Space; were it not that I have bad dreams.”

Hamlet, Act II, scene 2, v.260 by William Shakespeare, 1601, London, UK.(28)

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Conclusions and future perspectives for the art of healing.

Well, the feeling is good after reviewing the considerable amount of information I dared to join in this book constructed throughout the years of research chasing the realization of the art of healing. It's been 20 years since I entered medical school in Brazil, I consider myself a blessed Brazilian physician personally tutored up to today by Prof. Nelson Vaz a constant scientific force behind all this, and also, I had the privilege to understand what Dr. Nise da Silveira did stepping into the very same asylum where she worked, restoring memories, images of the unconscious. Also of primary importance, as I have debated in chapter 3, is the Brazilian theater director Amir Haddad who formed my acting method throughout up to now 12 years of continuous friendship and collaborations. Given the systematic nature of the experiences in this book debated and studied, we may distinguish a differentiated lineage of art and science development in Brazil that is certainly connected to Carl Jung and other artists psychiatrists like Prinzhorn, Perry and Cunningham Dax. This is very important because helps to delineate a paradigm of practices and ideas, where art terminology, its resources and tools may only help the mental health professional and general health professionals to better understand themselves and their patients. As I repeated systematically throughout the book, artistic and expressive languages suit perfectly the important task of exploring human subjectivity with healing aims. It constitutes a very important tool for construction of public policies with profound implications in medical semiology and medical education, improvements in mental health diagnosis, therapeutics and public mental health promotion. It is a growing field and more and more physicians apply artistic languages for their personal psychic hygiene as well as to the mental health promotion of their clients.

We hope this text may help other physicians, health professionals and patients to further investigate the benefits of theater methodic practice and mental health, as well as the long

lineage of art scientific work produced by so important founding ancestors in this field approached in every chapter of this book for restoring the art of healing in a scientific age.

Because of our Brazilian community and international experiences in the field, we understand that this debate and above all these practices may give an significant contribution to societies and communities that are violent and mentally sick, contradictory and self-destructive, so commonly observed in the current phase of human culture. This book may be used to bring us more support and engagement of our communities in the debate of culture and mental health, and if this happens, for me, is a blessing.

This work is entirely dedicated to all human beings and spiritual essences that composed this trajectory, pointing towards a pathways of more creativity, respect for the difference, spontaneity, improvisation, and essences. There's no doubt. The experience debated demonstrated. We are able, under rigorous research, to restore the art of healing and the healing of art.

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